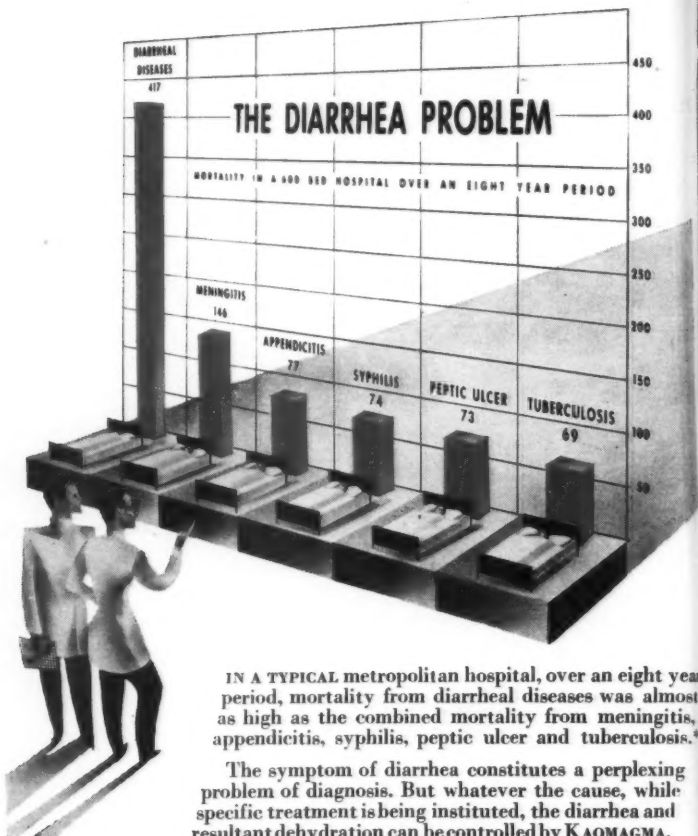


# *Medical Economics*

FEBRUARY



CUT-OUTS SIMPLIFY OFFICE PLANNING... PAGE 55



IN A TYPICAL metropolitan hospital, over an eight year period, mortality from diarrheal diseases was almost as high as the combined mortality from meningitis, appendicitis, syphilis, peptic ulcer and tuberculosis.\*

The symptom of diarrhea constitutes a perplexing problem of diagnosis. But whatever the cause, while specific treatment is being instituted, the diarrhea and resultant dehydration can be controlled by KAOMAGMA.

DOSE: 2 tablespoonfuls with water, then 1 tablespoonful after each bowel movement.

\*Am. J. Digest. Dis. 12:261, 1945.

"First we must  
check that  
DIARRHEA"

# KAOMAGMA

REG. U. S. PAT. OFF.

A Palatable Emulsoid of Aluminum Hydroxide Gel  
and Colloidal Kaolin

SUPPLIED in bottles of 6 and 12 fl. oz.



REG. U. S. PAT. OFF.

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# Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

FEBRUARY 1946

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Cover design by Charles R. Ellis

CIRCULATION 116,000

H. Sheridan Bakstel, A.M., M.D., Editor-in-Chief. William Alan Richardson, Editor. Ross C. McCluskey, Managing Editor. Lansing Chapman, Publisher. W. L. Chapman, Jr., Business Manager. R. M. Smith, Sales Manager. Copyright 1946, Medical Economics, Inc., Rutherford, N. J. 25c a copy; \$2 a year (Canada, \$2.50 a year).

## BALANCING THE CHILD'S NUTRITION

The diet of infants and young children naturally tends to be deficient in blood-building elements. This is due largely to the fact that milk, both human and cow's, is decidedly low in these factors. Armour Liver, Iron and Red Bone Marrow with Malt Extract is therefore a logical preparation for complementing the diet of these youngsters. It supplies the hemopoietic properties of Liver Extract, Iron, and Red Bone Marrow in combination with the caloric nutrient qualities of Malt Extract.

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Chicago 9, Illinois

HEADQUARTERS FOR MEDICALS OF  
ANIMAL ORIGIN



Available in 8 oz. bottles and special  
2 oz. bottles with dropper  
(for infant feeding)

*Each fluid ounce contains:*

**Liver Extract** . . . . . 10 cc.  
**Solution Liver Extract (Armour)**  
derived from 75 grams of fresh  
liver.

**Iron Ammonium Citrates**  
2.17 gms.

**Red Bone Marrow** . . . 10 cc.  
The glycerinated extract from ½  
ounce of the spongy red marrow  
structure of short ribs of young  
animals.

**Malt Extract (Non-Diastatic)**  
q.s.

**Adult Dose** . 2 tps. twice daily  
**Children** (under 15 years)

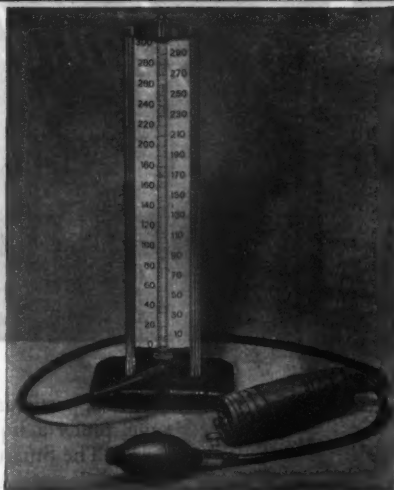
1 tsp. twice daily

**Infants** . 1 to 10 drops daily  
(in milk or water)

**Liver, Iron and Red Bone  
Marrow (with malt extract)**

*Armour*

**A #5006 on your desk...looks better  
...lasts longer...costs less**



**B-D #5006 MANOMETER**

Constant opening and closing, wrapping and unwrapping, transferring from bag to desk to bag again — prematurely wears out Blood pressure machines.

A B-D #5006 Manometer will eliminate much of this handling. Your present portable manometer will have its life extended if reserved exclusively for bag use. Also, you avoid any possibility of discovering upon arrival at a patient's home that your dual use manometer remains on your office desk.

The B-D 5006 Manometer has no case to open and close — largely eliminating breakage and conse-

quent danger of mercury leakage. It has no hinges or locks to require repair. The non-tip weighted base requires little desk space, permitting the instrument to be easily moved to any part of the office. The high visibility scale, registering to 300 millimeters, lends to the attractive and professional appearance of the 5006. This individually calibrated and certified mercury instrument assures constant accuracy.

The 5006 is inexpensive. Priced at \$20.00 to the physician. Ask your regular surgical dealer to show you the B-D 5006.

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*Made for the Profession*

**BECTON, DICKINSON & CO., RUTHERFORD, N. J.**



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## MULTIVITAMIN CONCENTRATES

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**WITH ANY OTHER ETHICAL  
MULTIVITAMIN PRODUCT**

*Available in liquid & tablet form  
One pint (over a month's supply)*

**\$2.30**

**BETTER BALANCE  
HIGHER POTENCIES  
GREATER VALUE**

**the Stuart  
formula**

*The Stuart Company*

PASADENA, CALIFORNIA · CHICAGO, ILLINOIS

Many patients, particularly children and older people, prefer a liquid multivitamin. For this reason The Stuart Company makes the Stuart Formula available in liquid form as well as the popular tablet form.

### Advantages of the Stuart Liquid

1. Contains higher potencies.
2. Contains natural B complex factors.
3. Contains minerals.
4. Lower cost.
5. Contains in addition to Vitamins A, D, E and minerals a higher potency B complex (with natural B factors) than most ethical products containing complex alone.
6. Better tasting.
7. Lower viscosity.
8. Quick solubility (mixes readily with milk or other liquids).
9. Particularly suitable for children.
10. Malt base—gives bonus of malt dextrin, maltose and diatose.



# "PREMARIN" LIQUID

- To permit greater flexibility of dosage.
- To provide a graduated estrogenic intake where required.
- To accommodate those patients who are partial to liquid medication.
- "Premarin" Liquid . . . conjugated estrogens (equine) . . . naturally occurring . . . orally active . . . well tolerated . . . imparts a feeling of well-being. Each teaspoonful is the equivalent in potency of one "Premarin" Tablet (Half-Strength) No. 867.

Available in bottles of 120 cc. (4 fluid oz.), No. 869.

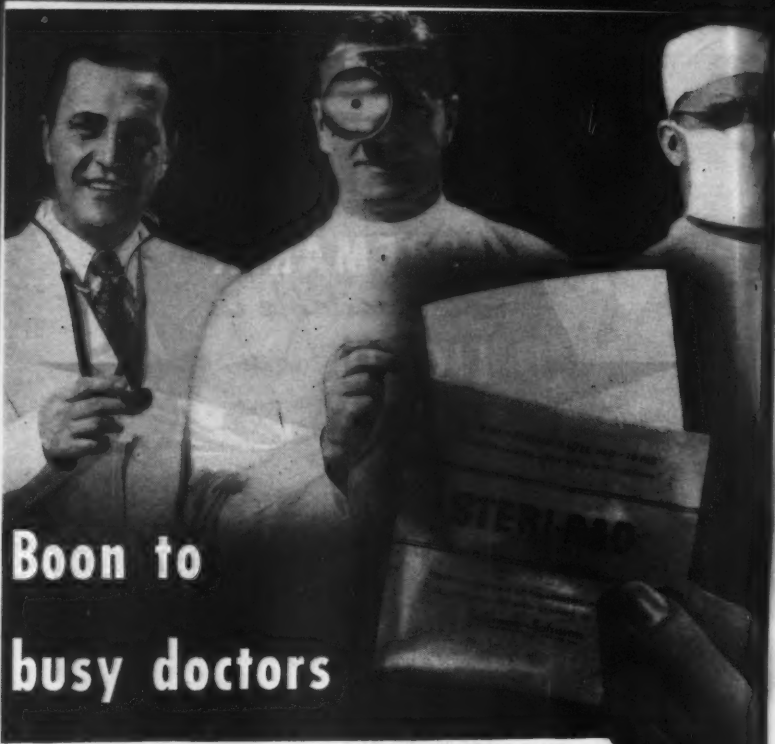


NOW IN LIQUID AND TABLET FORM

**CONJUGATED ESTROGENS (equine)**



AYERST, McKENNA & HARRISON LIMITED, 22 East 40th Street, New York 17, N. Y.



# Boon to busy doctors

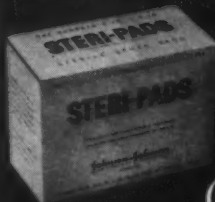
• Steri-Pads\* will save you time these busy, crowded days.

No cutting, no folding, no autoclaving. Sealed in individual envelopes, Steri-Pads are always ready for use—sterile, convenient, inexpensive.

Two types—All-Gauze, and Zobec\*—the cotton-filmated pad that provides added softness and absorbency.

Three sizes—2", 3" and 4" squares, 100 in box.

\*Trade mark of Johnson & Johnson



## STERI-PADS

ORDER FROM YOUR DEALER

Johnson & Johnson  
NEW BRUNSWICK, N. J. CHICAGO, ILL.



## *Panorama*

► Death knell of the Wagner-Murray-Dingell bill, says Nation's Business, has been sounded in House Ways and Means Committee, which believes wage earners would not tolerate having their social security contribution upped from 2 per cent to 4 per cent. Congress' position is notably conservative; it will be in no mood for experimentation in 1946, adds The United States News. . . Mark Sullivan, famed commentator, calls the Truman message on compulsory sickness insurance "the most revolutionary proposal for legislation that has been sent to Congress since the National Recovery Act of 1933."

► Eastman Kodak expects its color transparencies of pathological specimens to supplant the traditional jars of tissues in medical schools . . . Harvard is using lantern slides of cartoons from the William Steig books, "The Lonely Ones," "About People," and "Persistent Faces," to illustrate personality types in psychiatry classes . . . Alexandria Hospital, Alexandria, Va., hands callers a four-page reprint of Emily Post's "Special Rules for Hospital Visitors" . . . A new portable vaporizing unit, designed to kill airborne germs by an invisible fog of triethylene glycol, will be marketed for home use. Costs about \$1 a month to operate.

► Indianapolis Medical Society has offered to review, on request, the expert testimony given by physicians in legal cases, the idea being to find "flagrant deviations from the society's standard of competence and honesty" . . . New York City health authorities steamed at the Army for allegedly releasing soldiers with active syphilis . . . Some 300 French doctors demonstrated in Paris, shouting "Gasoline! Gasoline! Justice for doctors!" They asked that their ration be increased to one gallon a day . . . Business bureau of Milwaukee County Medical Society floored when youth walked in with eighteen-year-old doctor's bill, paid for his own delivery! . . . Indiana State Medical Association advises publicizing names of physicians who use public relations counselors to plug their medical writings.

► Brush-ups in surgery made easy for doctor-veterans by Sedgwick County (Kan.) Medical Society, which posts daily bulletin of operations to be performed next day in all hospitals, and arranges for attendance of men interested . . . Learning of 110

# "MOIST HEAT"

## IN RESPIRATORY CONDITIONS

• CHEST COLDS • BRONCHITIS  
• PLEURISY • PNEUMONIA

**T**HE moist heat of an ANTIPHLOGISTINE pack is of definite value in relieving many of the troublesome symptoms accompanying affections of the respiratory tract. Cough—Muscular and Pleuritic Pain—Retrosternal tightness—Soreness of the Chest.

ANTIPHLOGISTINE is a ready to use Medicated Poultice—it maintains comforting moist heat for many hours.

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.



**THE DENVER CHEMICAL MFG. CO., INC.**  
New York 13, N. Y.





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GEORGE REDMAYNE MURRAY

1863-1930



George Redmayne Murray has recorded the progress of a spontaneous patient who had been treated with a glycerin extract of sheep's thyroid gland. Glandular therapy owes much to this master builder whose keen perception, courage and imagination have helped make it possible for many to lead longer and more fruitful lives.

To dedicate our efforts to the advancement of medical science . . . to contribute in increasing measure to the practical application of knowledge in the service of mankind . . . that is the aim of Harrower research.

Special skills and knowledge, acquired during more than a quarter-century of application to the production of endocrines and pharmaceuticals of distinction, confer a continuing and growing obligation to develop products worthy of the finest traditions of medicine and related sciences.



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LABORATORY, Inc.

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DALLAS

CHICAGO



## FAST ACTION

15 minutes after taking a Tedral tablet, relief is usually experienced by the average hay fever or asthmatic patient. Tedral acts swiftly to relax bronchial muscles, reduce swollen membranes and improve the ability to expectorate.

Adult Dosage: 1 or 2 tablets three times daily. In 24's, 120's and 1000's — also Tedral Enteric Coated for delayed action during sleep. The Maltine Company, New York. Est. 1875.

**TEDRAL** *for relief in asthma and hay fever*

deaths from barbiturates recorded in New York City in first eight months of 1945, New York Academy of Medicine has demanded tighter legal control on their sale . . . Medical officers with extended service overseas are saying that some term other than "veteran" should be applied to medical officers who never left this country . . . Having access to several copies of the JAMA each week, Dr. Walter Schirmer, Needham, Mass., asked that his subscription be cancelled as a paper-saving measure. Informed that it would involve loss of his AMA fellowship, Dr. Schirmer replied publicly: "If fellowship is a subscription premium, I prefer to lose it."

► Crystal ball department. New York Daily News: "6 Million Jobless by Spring." New York Times: "9 Million Jobless by Spring." Brig. Gen. Leonard P. Ayres, Cleveland Trust Company: "Depression in 1946." Henry H. Heiman, National Association of Credit Men: "Prosperity in 1946."

► Britain's Labor Government casting a jaundiced eye on the sale of practices, but promising an "appropriate measure" of compensation if its state system of medicine results in a capital loss to doctors . . . That's California: "The way to fix doctors who are against socialized medicine is for the Government to give free education to all who can qualify to become a doctor," suggests a reader of the Bakersfield Californian. "In five years we would have all the doctors we require" . . . U.S. Attorney General's office warns its agents not to drag in the names of innocent people when proceeding against manufacturers for alleged misbranding, etc. American Pharmaceutical Manufacturers Association had cited embarrassing publicity given a Utica, N.Y., doctor just because he happened to receive a shipment of a libeled preparation . . . With the Federal Government still occupying 49 per cent of good office space in Dallas, Tex., more than 200 physicians and lawyers recently discharged from service had been unable, up to a month ago, to find locations there in which to practice . . . Annual meeting of American College of Physicians set for Philadelphia's Municipal Auditorium, May 13-17.

► Latest thing for milady is bandage tinted to match popular shades of hosiery . . . Depressed, Dr. Harold C. Urey, Chicago University scientist and Nobel Prize winner, sees human nature on the downgrade, more wars to come, and bacterial warfare a probability . . . Last minute haste responsible for more errors in income tax returns than ignorance of the law, "however complicated it may be," says Irving Perlmeter, of the Treasury Department . . . Ratio of EMIC births to total births in 1945 was 1:7, Children's Bureau estimates . . . Revised edition of Red Cross's First Aid Textbook now being distributed by regional offices . . .

# In Influenza



## NUMOTIZINE

PROLONGED DECONGESTION AND ANALGESIA PROVIDED  
BY NUMOTIZINE ELIMINATES NEED FOR CONSTANT ATTEN-  
TION. VALUABLE ADJUNCT TO SULFONAMIDE THERAPY.

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*You can't overrate the value of CONTROL*



**You** can't see it at all. Yet you know — whenever you enjoy perfect performance—that careful and complete control is the secret.

So with U.D. pharmaceuticals and kindred products. Their uniform, dependable action comes of constant daily practice of rigid laboratory control. Behind the scenes, within bright walls of modern U.D. laboratories, a small group of experienced and professional men conduct a smoothly operating system of quality control developed through the years. These doctors, chemists, pharmacists, known as the Formula Control Committee, guide and guard every step of development and production . . . from origin of formula, through manifold tests, to double-checking of finished product.

As a result your orders are filled with medicines unsurpassed for accuracy and excellence when you specify U.D. pharmaceuticals. They are conveniently available at your neighborhood Rexall Drug Store, where pharmaceutical skill, reliability and economy mark the service.

**U. D. Penicillin**—Rexall prescription departments are fully equipped to fill extemporaneous prescriptions for the oral, topical or parenteral administration of penicillin. U. D. Penicillin is chemically and biologically assayed in conformity with highest standards, and at all times properly refrigerated.

**AT ALL REXALL DRUG STORES**

## UNITED-REXALL DRUG CO.

**Rexall**  
DRUGS

**U.D. products** **Pharmaceutical Chemists** for more than 43 years  
are available **wherever you** see this sign  
Los Angeles • Boston • St. Louis • Chicago • Atlanta • San Francisco  
Portland • Pittsburgh • Ft. Worth • Nottingham • Toronto • So. Africa

UNITED-REXALL DRUG COMPANY AND YOUR REXALL DRUGGIST • Your Partners in Health Service



**THIS  
NEEDED**

# **EXTRA FACTOR**

## **IN TREATING MUCOUS MEMBRANE INFECTION**

**ARGYROL** offers three important properties which the physician seeks in treating mucous membrane infection. It is both bacteriostatic and decongestive. And, too, there is this **EXTRA FACTOR** in mucous membrane treatment with **ARGYROL**: the physiologic stimulation of the tissue's own defense function.

**ARGYROL** is truly the physiologic antiseptic. For in addition to being simultaneously contra-infective and contra-congestive, it is soothing to nerve ends and stimulating to glands. Its action is more than surface action: it is synergetic with the deep-seated tissue defense mechanism. **ARGYROL** provides combined physico-chemical and bacteriostatic properties that have proved of value to physicians for nearly a half-century.

In prescribing for patients, make sure that you specify Original Package **ARGYROL**.

# **ARGYROL**

THE PHYSIOLOGIC ANTISEPTIC  
WITH SYNERGETIC ACTION

\* Made only by the A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

*ARGYROL is a registered trademark, the property of A. C. Barnes Company*

# Speaking Frankly

---

## ILO

I want to congratulate you on your article, "Labor's Program to Socialize Medicine Internationally." It is the first time the situation has been approached with understanding and insight. I can't understand why the leaders of the AMA have not informed its members of the facts before this. Surely, some of them must have known what has been going on in the ILO.

The facts you have disclosed will make it possible to direct a concerted and well-organized movement against the adoption by Congress of the pernicious form of legislation the ILO seeks.

F. C. Tyson, M.D.  
Augusta, Me.

Your expose was a masterpiece of sleuthing. But it does not mention the powerful influences other than labor which for twenty-odd years have been furthering state medicine. I refer specifically to The New York Times, presumably not a labor organ; to the Milbank Memorial Fund; to some members of the New York Academy of Medicine (of which I have been a fellow since 1926); to important individuals in colleges and medical centers; and to a renowned health officer, formerly a resident of New York State and later of Washington, D.C. Capital (in part), as well as labor, is thus propagandizing for state medicine, and it puzzles me why it

should pick one group in our economy for socialization.

The only clue I have come across is evidence indicating that some life insurance companies favor a state system, possibly because they'd get more business from the depressed or underprivileged areas.

Arnold Messing, M.D.  
Newburgh, N.Y.

Can you furnish me with reprints of your ILO article? I am a doctor's wife and I find that some very intelligent people are in favor of the Wagner plan because they don't know what's behind it. I feel that if this article could be placed in reception rooms, it would bring support for the doctors.

Mrs. John Dawson  
Fort Thomas, Ky.

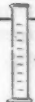
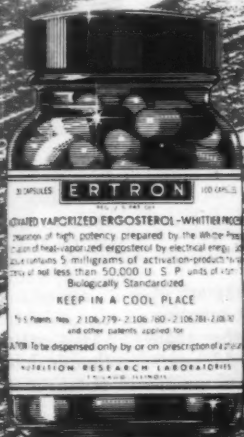
That article is one of the most valuable I have seen in years. Can I obtain it in pamphlet form?

Butler Metzger, M.D.  
Lynn, Mass.

I have read and reread with extreme interest your article on the ILO. This is the first time I have been given a clear insight into the background of the proposed socialized-medicine legislation. Your expose should be a large factor in any consideration of the Wagner-Murray-Dingell bill.

I only wish that every Senator and every Representative in Con-

# ertron is unique





therapeutic  
action

chemical  
composition

ertronization  
therapy

★ Therapeutically, Ertron is unique in its antiarthritic activity. Many patients in large series of clinical studies have experienced restoration of movement in affected joints, relief of pain and measurable evidence of reduced swelling.

★ It can now be said that chemically, too, Ertron is unique. Ertron differs in chemical composition from the ordinary vitamin D preparations—a fact that undoubtedly accounts for the excellent results obtained with Ertron.

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process.

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group. The isolation and identification of these substances in pure chemical form further establishes the chemical as well as the therapeutic uniqueness of Ertron.

Each capsule of Ertron contains 5 mg. of activation-products having a potency of not less than 50,000 U.S.P. Units of vitamin D.

★ To Ertronize the arthritic patient, employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results. The usual procedure is to start with 2 or 3 capsules daily, increasing the dosage by 1 capsule a day every three days until 6 capsules a day are given. Maintain medication until maximum improvement occurs. A glass of milk, three times daily following medication, is advised.

Ertron is the registered trade-mark of Nutrition Research Laboratories

*Supplied in bottles of 30, 100 and 500 Capsules*

*Parenteral for Supplementary Intramuscular Injection*

*Ethically Promoted*

**NUTRITION RESEARCH LABORATORIES • CHICAGO**

# **DRAMATIC RESULTS IN IMPETIGO**



Impetigo may be either streptococcic or staphylococcic in etiology.

Dramatic results have been obtained in this common infectious condition with

## **SULFA-CEEPRYN**

BRAND  
Sulfathiazole, Sulfanilamide and Cetylpyridinium Chloride

## **CREAM**

because both 10% sulfathiazole and 10% sulfanilamide are combined to give antistaphylococcic and antistreptococcic actions, reinforced by the penetrating detergent-germicide, Ceepryn (1:500).

Sulfa-Ceepryn Cream is available at prescription pharmacies in one-ounce tubes and one-pound jars. Write for complete literature and sample.

T. M. "Sulfa-Ceepryn" and "Ceepryn" Reg. U. S. Pat. Off.



gress could be forced to read it before this legislation is presented for a vote. I hope that a reprint has been sent to every one of them. If so, one Senator will have received two copies—the additional one being my own, with particularly telling material underlined in red. Your interest and activity in this problem deserve the highest commendation.

L. Huntley Cate, M.D.  
Washington, D.C.

A reprint of "Labor's Program to Socialize Medicine Internationally" was sent to every Senator, Representative, and Governor, and to all leading newspaper, radio, and magazine editors. The reprint—a sixteen-page illustrated booklet—is also available to physicians who may wish to distribute it among their patients. Cost is 2 cents per copy.

## **Caste**

So "M.D., North Carolina" would restrict hospital staff membership to those who have passed specialty board examinations! Does he believe that only such men are capable, honest, and sufficiently experienced to practice their specialties? Who are the "supermen" comprising the various boards? Is there, or has there been, no favoritism and politics in certification?

These boards are attempting to restrict numbers by arbitrary methods and they have no legal status whatever. The fair and proper method of controlling specialties would be for the state licensing boards to grant specialty licenses after special training and special examinations.

There is need for control of specialty practice, but this should and must be a state function rather than

## *More pleasure to you, Doctor!*

**T**HREE nationally known research organizations recently reported the results of a nationwide survey to discover the cigarette preferences of physicians and surgeons.

Physicians all over the United States were asked the simple question: "What cigarette do you smoke, Doctor?" The question was put solely on the basis of *personal preference as a smoker.*

The thousands and thousands of answers from these physicians in every branch of medicine were checked and re-checked. The result:

**More physicians named Camel as their favorite smoke than any other cigarette. And the margin for Camels was most convincing.**

Certainly the average physician is busier today than ever before and is deserving of every bit of relaxation he can find in his day-by-day routine... a cigarette now and then if he likes. And the makers of Camels are glad to know that physicians find in Camels that extra margin of smoking pleasure that has made Camels such a favorite everywhere.

*According to this recent nationwide survey:*

**More Doctors  
Smoke Camels**  
*than any other cigarette!*



R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

# ONCE UPON A TIME THERE WAS A DOCTOR....

*The treatment he was administering was successful . . . but tedious, tiresome, time-consuming.*

*One day he mentioned his "problem" to the Detail Man—what he was doing and why.*

The Detail Man made a simple suggestion that the doctor try a new drug . . . a new method.

The doctor tried the technique. The suggestion worked. The physician was spared many hours of tedious effort by the timely suggestion . . . and a lasting friendship was established.

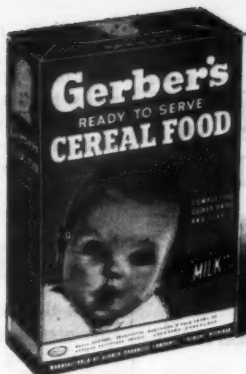
That happens often . . . the Detail Man bridges the gap between the scientist in the laboratory, developing new and improved medicaments, and the physician, seeking more precise knowledge of their properties and applications.

It's practically impossible for today's busy physician to keep completely informed concerning the fine distinctions inherent in a growing wealth of products. That's where the Detail Man can be practically indispensable.

***A Good Detail Man is a Specialist . . . in Service***

---

This advertisement is contributed by Medical Economics in the interest of the Medical Profession and the Pharmaceutical Industry.



## A CEREAL MADE FOR BABIES' SPECIAL NEEDS

When you recommend Gerber's Cereal Food, you have full assurance that this cereal is suitable both as a starting cereal and all through babyhood.

Because it is extremely low in crude fibre content, and mixes to a creamy, smooth liquid, it facilitates the transition of cereal into the infant's diet. This cereal is rich in added iron\* and vitamins of the B complex (derived from natural sources) to offset deficiencies frequently found in the infant diet.

Special attention has been given to making Gerber's Cereal Food pleasant-tasting. It is pre-cooked, ready-to-serve.

### \*IRON AND THIAMINE VALUES OF GERBER'S CEREAL FOOD

	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants.....	0.40	6.0
One ounce Gerber's Cereal Food.....	0.42	12.8
(Gerber's Cereal Food: 107 Calories per ounce.)		



#### GERBER PRODUCTS COMPANY

Dept. 222-6, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of Gerber's Cereal Food and a Professional Reference Card to the following address:

Name.....

Address.....

City.....State.....

## From where I sit ... by Joe Marsh



**"There  
Ought to  
be a Law!"**

Every now and then, when I run out of news for the *Clarion*, I print items about what happened Fifty Years Ago in Our Town. May be a lazy man's way of filling space, but it often makes mighty interesting reading.

Seems like human nature is always repeating itself. Same old prejudices, bickerings, and mistakes. Here's an 1895 politician trying to restrict free speech . . . a group crying out against vivisection . . . a local committee raising the bugaboo of Prohibition.

Same old cry down through the years: "There ought to be a law!" Same old desire of one group to force its opinions on another.

From where I sit, it's not more laws we need—nor more restrictions of our right to think, and choose, and live as we see fit. But more *tolerance and understanding*—more "live-and-let-live" among humankind.

*Joe Marsh*

Copyright, 1946, United States Brewers Foundation

a private monopoly. There are many fully competent specialists who have not even applied to specialty boards. On the other hand, I know of a number of certified men who are unsuited either by judgment, honesty, temperament, or, in some cases, skill, to compete with others who have not come under the yoke.

M.D., Missouri

Let the American boards make a survey of hospitals and see the work that is being done by certified men. Some of them have never attended a meeting or read a journal since they were certified—and they will tell you they don't expect to. The country is full of chronic discharging ears. Are they operated by certified men, as they should be? Not on your life! A majority of these men have never yet performed a radical mastoidectomy, nor do they intend to.

M.D., New Jersey

### **Plight**

As a high-point medical officer who received an early discharge, I have run into so many difficulties that I wonder what will become of men scheduled for demobilization later.

I am finding it almost impossible, for instance, to obtain a residency. The hospitals tell me they will have nothing available for a year or two. What use was it, therefore, for me to have filled out that AMA questionnaire, signifying that I desired a residency upon discharge from service?

Other demobilized physicians tell me that they had expected to face some difficulties on return to civilian life but had hoped they

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Office space isn't available. What are displaced men to do in the months before they can find a location? The financial condition of many is deteriorating, and it is not impossible that ethics may suffer. If they do, the civilian doctors now in the saddle will be the first to raise a hue and cry.

Is this the result of bad planning—or of no planning? When I applied to the New York Academy of Medicine for information on available residencies, I was handed a list of hospitals, something which I could have copied out of the educational number of the JAMA. Of course, when I went to the hospitals I was told they had no room for me.

Alex Hochman, M.D.  
Paterson, N.J.

I can take any demobilized doctor who wants to work and show him plenty of towns, within a fifty mile radius of my community, that need physicians. But these discharged men don't want to work; they want a snap like the one they've been having for the past three or four years. I know. I was in the service.

After my discharge, I went out into a rural area and found plenty to do. When the only other physician in the area became too ill to work, I asked the state medical board to find a man to take over. No one was willing to come in. Most demobilized doctors, it appeared, wanted to rest for a while and then look around for a location in the city. Young men recently out of internships or fellowships don't want

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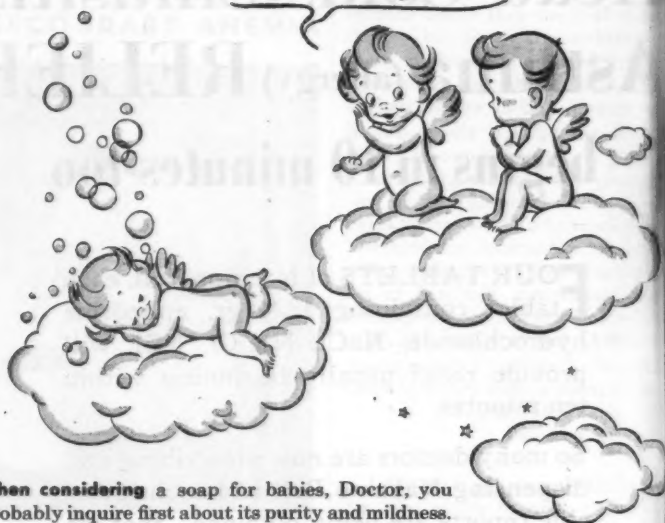
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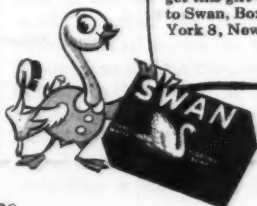
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M.D., Minnesota

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Charles M. Carr

Christian Science Committee  
on Publication  
East Orange, N.J.

## Hoard

Although the Army and Navy will be down to peacetime size before midyear, the U.S. Public Health Service is only "hopeful" that it can release its reserve medical officers by Sept. 1.

The PHS did not even begin to separate M.D.'s until Jan. 1, 1946, almost five months after V-J day. Under its unfair point system only an insignificant number of physicians will be out by March 1. The PHS—in spite of its propaganda to Congress and the public—had very few military commitments. How then, in peacetime, can this organization justify its hoarding of physicians who wish to return to civilian practice?

During the war the PHS used money and medical manpower wastefully and lavishly. The AMA should conduct an immediate in-



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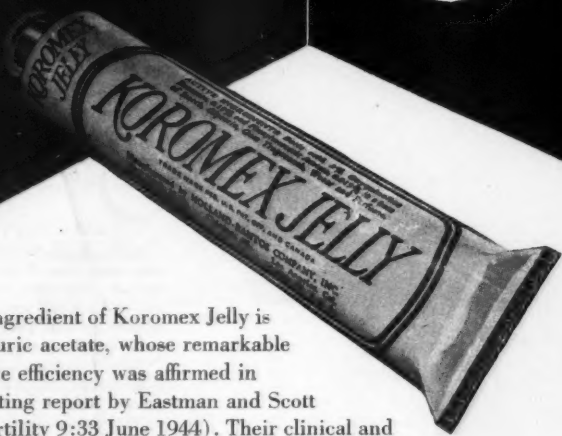
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Any physician returning to civil life from the armed services or from a war agency may insert *free* in **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted ad of up to 24 words. The following data, which will be kept confidential, must accompany ad copy: name, address, rank or position, date. Copy must reach **MEDICAL ECONOMICS** before the 5th of the month preceding publication. Address: Veterans' Editor, Medical Economics, Inc., Rutherford, N.J.

**ASSISTANTSHIP** leading to permanent association sought; alternative: full-time industrial position. (Now in N.Y.) Box 1532.

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diplomate American Board of Surgery, age 37. Will be released from service shortly. (Now in N.Y.) Box 1543.

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**PHYSICIAN-DENTIST** with broad civilian and Army experience desires association with oral surgeon, vicinity New York City. Box 1542.

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# Editorial

## Organizational Constipation

Before the AMA House of Delegates last December, the association's president-elect, Dr. Roger I. Lee, said, "It is, I think, sound democratic dogma that the approval of the representative body, the House of Delegates, is required. . . for the issuance of any opinion of any character whatsoever in the name of the AMA. I have found that few of the profession and almost none of the laity seem to grasp this inflexible but democratic principle stated in . . . the by-laws."

Few would quarrel with Dr. Lee's characterization of this rule as "democratic." Unfortunately, though, it often has the effect of keeping the organizational machinery in low gear, when the pace of the time requires quick decisions. For example:

Somewhat more than a year ago Senator Robert Wagner wrote to Dr. Olin West, AMA secretary, to ask for the association's comments on the Wagner-Murray-Dingell bill. Dr. West replied that he could not submit comments in the name of the AMA because only the House of Delegates had that authority, and the House was not scheduled to meet for another six months. This gave Mr. Wagner a perfect opportunity to tell the public that "In the five months which followed (my request) neither Dr. West nor any

other officer of the association submitted any comments." It left the Senator in undisputed possession of the field, enabling him to disprove the oft-made claim that medicine had not been consulted about the bill.

Since organized medicine is engaged in a struggle of war-like dimensions, a faster-running administrative machine is imperative. War cannot be waged if tactical decisions must await an annual meeting of the general staff.

Some have urged the granting of extraordinary powers to the elected officers, trustees, or administrative employes. But this would only elicit anguished cries of "dictatorship." A preferable solution would be more frequent meetings of the House of Delegates.

In these days of rapid transport, it should not be too difficult to assemble the house at some central location at least three times a year. If even more frequent gatherings were needed, perhaps the house could create a special body which would be smaller than the whole house, but still representative of it, to serve at interim sessions.

In any event, relentless organizational rigidity seems ill-suited to today's political tempo. An inflexible structure is too often a sluggish one.

—H. SHERIDAN BAKETEL, M.D.

# Picking the Proper Community for Your Private Practice

*A check list of factors to consider  
and statistics to assist you*



Relatively few physicians are able to up-stakes and move once they are established in a given place. What, then, are the major considerations in choosing a profitable community in which to locate?

The following check list and the tables accompanying this article should do much to make your decision an easier and wiser one:

**COMPETITION.** Average U.S. ratio of physicians to laymen is 1:1,115 (see Table 1). States with fewer than 1,000 persons per doctor are presumably, though not necessarily, adequately supplied. But state ratios can do little more than indicate regions which appear to need physicians. County figures are better guides, but even with these the raw ratio must be weighed against other factors discussed below.

**LOCAL FACILITIES.** You must

► This is one of a series of articles intended primarily to aid returning medical officers but likely to interest civilian physicians as well. The series has been incorporated in a manual, "Demobilized Doctor's Handbook," which is now being distributed by MEDICAL ECONOMICS.

have access to adequate hospital facilities, specialist services, laboratories, medical libraries, etc. Before deciding on a community, determine also whether hospital beds are available to you, either as a regular staff member or as a courtesy staff member.

**M.D. INCOME.** It will be noted from Tables 2 and 3 that average net income of physicians varies appreciably by section of country and size of community. Generally speaking, in high income communities, physicians' expenses and living costs are also high—which is a factor to take into consideration. Figures shown in the tables are for 1943,\* and represent on the average an increase of 85 per cent from 1939 levels. In 1943, doctors with predominantly agricultural practices grossed \$12,035 on the average; those with predominantly industrial practices grossed \$13,793; those with white-collar practices grossed \$14,328.

**EDUCATION.** Are you planning post-graduate work? If so, be sure to check on the medical educational facilities available within a reasonable distance of any community in which you are interested. You will also want to know if the county medical society puts on

\*Source: Fifth MEDICAL ECONOMICS Survey.



good scientific meetings. Consider, too, whether there are adequate educational facilities for your family, present or projected.

**SPECIALIZATION.** The partial specialist, or the man who plans to become one, should investigate the prospects for local expansion in his field. Full specialists, of course, must give even greater consideration to this problem.

**PREPAYMENT.** Is there a thriving

plan of prepaid medicine in the community? Is its fee schedule satisfactory to you? Does it provide for free choice of physician? Better check on these points.

**HOUSING.** Some areas have a more critical housing situation than others, but in any event you must determine if quarters are available before you proceed far in your investigation of a community.

[Continued on page following]

Table 1  
NUMBER OF PERSONS PER ACTIVE PHYSICIAN,  
ACCORDING TO STATES, 1944

<i>All United States</i> . . .	1,284	Montana	1,332
Alabama	2,135	Nebraska	1,217
Arizona	2,165	Nevada	1,199
Arkansas	1,565	New Hampshire	1,168
California	1,224	New Jersey	1,272
Colorado	1,305	New Mexico	1,885
Connecticut	1,023	New York	860
Delaware	1,619	North Carolina	1,973
D.C.	761	North Dakota	1,560
Florida	2,185	Ohio	1,340
Georgia	1,907	Oklahoma	1,341
Idaho	2,040	Oregon	1,396
Illinois	991	Pennsylvania	1,156
Indiana	1,443	Rhode Island	1,056
Iowa	1,310	South Carolina	2,257
Kansas	1,418	South Dakota	1,925
Kentucky	1,800	Tennessee	1,653
Louisiana	1,599	Texas	1,836
Maine	1,250	Utah	1,508
Maryland	1,278	Vermont	1,230
Massachusetts	740	Virginia	2,111
Michigan	1,413	Washington	1,601
Minnesota	1,405	West Virginia	1,543
Mississippi	2,113	Wisconsin	1,252
Missouri	1,319	Wyoming	1,637

Source: Procurement and Assignment Service.

Table 2  
AVERAGE GROSS INCOME  
OF U.S. PHYSICIANS<sup>1</sup>  
ACCORDING TO  
AREA, 1943

Area	Gross Income
All areas . . . . .	\$14,341
Pacific <sup>2</sup> . . . . .	\$21,389
West South Central <sup>3</sup> . . . . .	15,130
South Atlantic <sup>4</sup> . . . . .	14,180
East North Central <sup>5</sup> . . . . .	14,235
East South Central <sup>6</sup> . . . . .	13,441
West North Central <sup>7</sup> . . . . .	13,119
Mountain <sup>8</sup> . . . . .	14,066
Middle Atlantic <sup>9</sup> . . . . .	12,499
New England <sup>10</sup> . . . . .	11,633

Table 3  
AVERAGE GROSS INCOME  
OF U.S. PHYSICIANS<sup>1</sup>  
BY POPULATION OF  
COMMUNITY, 1943

Population	Gross Income
All populations	\$14,341
Under 3,000 . . . . .	\$10,263
3,000-4,999 . . . . .	12,114
5,000-9,999 . . . . .	12,731
10,000-24,999 . . . . .	15,543
25,000-49,999 . . . . .	16,870
50,000-99,999 . . . . .	15,909
100,000-499,000 . . . . .	18,133
500,000-999,999 . . . . .	15,833
1,000,000 and up . . . . .	13,067

**CLIMATE.** If you are sensitive to extreme heat or extreme cold, dryness or dampness of the atmosphere, eliminate any section that might handicap your work. If you suffer from hay fever, for instance, determine if its incidence is high. Give due consideration to the hurricane and tornado belts. After you have tentatively decided on a location, write to the county agricultural agent for information about its climate.

**YOUR HEALTH.** If your health

is impaired, and you must of necessity restrict your practice, it behooves you to choose a community in which you can limit your work and still make a living. For instance, general practice in small rural communities means all that the term implies: You will not be able to shunt off deliveries to obstetricians; you may find excessive travel wearing, and the lack of hospital facilities may necessitate a considerable number of trips to give treatment in the home. On the other hand, by locating in an industrial community, you might make arrangements to work a few hours a day in a factory clinic at a fixed rate of income. In any event, you should always be within reach of the medical assistance that you yourself need.

**BACKWATERS.** If you plan to

<sup>1</sup>Active, civilian, non-salaried physicians (i.e., those who derived less than 50 per cent of their income from salaries). Source: Fifth MEDICAL ECONOMICS Survey.

<sup>2</sup>Wash., Ore., Calif., <sup>3</sup>Ark., La., Okla., Texas, <sup>4</sup>Del., Md., D.C., Va., W.Va., N.C., S.C., Ga., Fla., <sup>5</sup>Ohio, Ind., Ill., Mich., Wis., <sup>6</sup>Ky., Tenn., Ala., Miss., <sup>7</sup>Minn., Iowa, Mo., N.D., S.D., Neb., Kan., <sup>8</sup>Mont., Idaho, Wy., Col., N.Mex., Ariz., Utah, Nev., <sup>9</sup>N.Y., N.J., Pa., <sup>10</sup>Me., N.H., Vt., Mass., R.I., Conn.

locate in a smaller community, make sure that its proximity to a larger town or a county seat will not prove an undue obstacle to your practice. Some places are by-passed by main highways and the tendency of patients thereabouts is to gravitate to larger communities, particularly if they are shopping centers.

**COMMUNITY STABILITY.** One-crop (e.g., cotton) areas and one-industry towns are potentially dangerous to collections, since they have poor seasons or years which cut consumer income badly. If you are to maintain a fairly even keel as far as your own income is concerned, a diversified rural area or a multi-industry town is indicated.

Like the smaller community?

Then check the prevailing schedule of fees; if they are low, it would be well to hesitate. Likewise, check the town's population growth between 1920 and 1940; if it grew steadily, that's usually a healthy sign. But be chary of the small wartime boom-towns; some will keep their gains, many won't.

**AMA AID.** The Bureau of Information (535 North Dearborn Street, Chicago) will furnish you with an information sheet for any American county. It will include such data as the number of physicians under 65 in the county; bank balances; schools; retail sales; number of homes and telephones; miles of highway; number of hospitals and clinics.

—R. G. SHUTE

## \$100 PER ARTICLE

To stimulate sound, practical ideas on the business or non-scientific side of medicine, from which the profession as a whole may benefit, **MEDICAL ECONOMICS** offers \$100 for each acceptable 2,500-word article. Shorter or longer articles will be paid for at the same rate but in accordance with length as published. Writers who wish to remain anonymous may do so. Articles will be judged solely on the value of the ideas they contain. Address Article Editor, Medical Economics, Inc., Rutherford, New Jersey.

## The Brood is Growing



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# Successful Promotion of Medical Society Prepayment Plans

*Wide use of salesmen and newspaper advertising seen as first steps*



The Government claims that compulsory sickness insurance offers the only method by which the bulk of the people can get good medical care and enough of it. The medical profession retorts that compulsion is un-American and that voluntary means, given time, will achieve the desired end.

This much is certain: Voluntary insurance will *not* succeed unless the voluntary plans build up a substantial enrollment—and do it soon. Building enrollment means *selling* the plans to the public. Selling is not the doctor's forte; it's a job demanding special talent—the best that can be had—*viz.*, the services of a top-drawer advertising agency.

Blue Cross recognized this some time ago and retained the J. Walter Thompson Company. Spectacular results followed. For example:

In the twenty months up to September 1945, the Massachusetts Hospital Service more than doubled its membership: from 603,082 to 1,345,661. A four-week newspaper campaign in New York City produced 46,000 mail inquiries, of which 30,000 were turned into applications for individual enrollment. In Harrisburg, Pa., three newspaper ads brought in 1,719 mail inquiries. In Portland, Me., one ad prompted 1,225 inquiries.

Personal solicitation has been used, of course, right from the beginning. And by means of it Blue Cross has signed up most of its *large groups* of subscribers. But *small groups* and individuals cannot all be contacted in person. Hence the use of newspaper space.

The fact that Blue Cross has retained professional advertising and selling talent to guide the marketing of its hospitalization insurance contracts explains in no small measure the surge of Blue Cross enrollment up to and beyond the 20 million mark. Therein lies a cue of utmost significance for the voluntary medical insurance plans.

Such plans individually could not afford the fees a national advertising agency must charge. But collectively they can. The agency serving Blue Cross fulfills two key objectives: (1) To the job of *planning sales* of Blue Cross contracts it brings some of the best merchandising brains in the country. (2) For *executing sales* it provides specific materials (maps, instruction sheets, literature, etc.).

In its first few years, Blue Cross sent representatives to call on only the largest companies. Such calls resulted, on the average, in a high number of enrollments. But now the large companies are beginning

to be used up, so the small companies are the next target. This reflects sound reasoning for, according to Government statistics, the nearly 3 million small business firms in the U.S. employ 45 per cent of the working population.

The Blue Cross is going after those employes mostly through the medium of newspaper advertising. The Hospital Service Plan Commission of the American Hospital Association, working with the J. Walter Thompson Company, has developed a uniform advertising program that is available to every approved plan.

Blue Cross concentrated entirely on personal solicitation during its first few years and did not use newspaper advertising until relatively recently. This is a mistake it readily concedes and from which medical plans can take a valuable lesson.

There is reason to believe that personal calls by medical-plan salesmen will result in a substantial number of large-group contracts. But a *simultaneous* program of public education can bring in the smaller groups as well.

How large should the advertising budget be? The Massachusetts Blue Cross plan has found 1 per cent of gross a practical and productive amount. In the case of a medical plan with relatively light enroll-

ment, this probably would not be adequate.

How should newspapers be selected? The Blue Cross recommends that all in the community be given a trial. "Irrespective of circulation and line rate," it says, "you should start your campaign by inserting the *same* ad in all papers. This will involve a greater expenditure than you will ever have to make again at one time, but it will be possible to determine which papers are the least productive."

How often should a plan advertise? As frequently as the budget will allow. It is far more productive to run a series of small ads at regular intervals than a few large ones now and then. The Massachusetts Blue Cross plan has found one insertion a week a productive arrangement.

One person in the U.S. out of every fifty eligible is now a subscriber to a voluntary sickness insurance plan sponsored by a medical society. In other words, there are now about 2 million subscribers out of a possible 100 million.\*

A good beginning has been made but there's a stiff selling job ahead. The best counsel the profession can get will be none too good.

—JOSEPH P. ALDRIDGE

\*Excluded as prospects are about 40 million who are members of the armed forces, agents, incurables, inmates of institutions, etc.

## Another Time, Maybe

A 19-year-old country girl, recently arrived in the city, was sent to me with a florid case of syphilis, exhibiting rash, adenopathy, and condylomata. After the third intravenous arsenical, I reached both hands to her neck to palpate the glands. "Take it easy, Doctor," she advised, backing away, "I've got to go right home."

—JOHN D. ROGERS, M.D.

# Quiz

[Answers on page 154]

1. U.S. physicians in active, private practice are classified percentagewise about as follows:

	a.	b.	c.	d.	e.
Full specialists	30%	10%	50%	5%	15%
Partial specialists	20	50	10	5	40
General practitioners (Exclusive of partial specialists)	50	40	40	90	45
	100%	100%	100%	100%	100%

2. The sigmoid colon is so called for the following reason:
- As a tribute to Sigmund Freud
  - Because it is S-shaped
  - Because it was first described by Julius Sigmoid
  - Because it is visualized with a sigmoidoscope
  - For want of a better name
3. For a house call, the maximum fee allowed by the Veterans' Administration in its current schedule is
- \$1
  - \$2
  - \$3
  - \$4
  - \$5
4. The American College of Surgeons has decreed that a general practitioner referring a case to a surgeon may collect a fee
- Under no circumstances
  - By billing the patient for not more than 10 per cent of the surgeon's fee
  - By billing the patient for services actually rendered by the general practitioner
  - By being listed on the surgeon's bill as an "assistant anesthetist"
  - By private arrangement with the surgeon.
5. In the last decade the percentage of live births attended by physicians in hospitals has
- Increased slightly
  - Declined to a new low
  - Declined slightly
  - Doubled

# The Life of 'Riley'

*It's a busy one for Roger I. Lee, but he still finds time to help run Harvard and to head the AMA*



Most U.S. physicians know Dr. Roger Irving Lee as a pillar of the American Medical Association and its current president. Bay State doctors view him as another great product of Boston's famed Massachusetts General Hospital. Harvard men revere him as a fellow of the Harvard Corporation, the oldest corporate body in America.

But to his intimates he will always be "Riley"\*—a warm, human, understanding friend—a man with an intense love of people and a consuming interest in the workings of the world.

As early as 1917, when the fifteenth-anniversary report of his class of 1902 was published, the "business" of Dr. Lee was described as "the care of Harvard University, Cambridge, Mass." The thirtieth-anniversary report, disclosing with justifiable enthusiasm that Dr. Lee had been elected a fellow of the Harvard Corporation, called it "the greatest possible honor for a Harvard man." It did, in fact, give him a unique and distinguished place in the field of education.

Roger Lee spent his youth in Peabody, Mass. The son of a druggist, he attended Peabody High School. From there he went to Harvard—an unusual progression in an

era when that university culled most of its undergraduates from plush-lined prep schools.

Getting off to a good start, young Roger never lost momentum: He won four scholarships, captured a Phi Beta Kappa key, completed his four-year college course in three years, was graduated second in his class (*magna cum laude*), and then entered Harvard Medical School, from which he was graduated in 1905. Later he worked at Massachusetts General Hospital, under Richard Cabot.

After serving from 1907 to 1911 as assistant in medicine at Harvard Medical School, he was appointed Henry K. Oliver Professor of Hygiene. Later, a gift from Dr. Oliver made possible a special chair of hygiene and health and it was given to Dr. Lee. With that appointment he gave up his private practice and for some years devoted all his time to the university.

No athlete in his own days at college, 'Riley' nevertheless inaugurated a full-participation athletic program for the student body, which has since become common to most campuses. "People need exercise," he said. "They live in unnatural houses, eat unnatural food, and sit in unnatural chairs." When "ath-

\*A foreshortening of "R. I. Lee."

Photograph by Joseph Meram



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letic heart" was a popular topic of conversation, Boston newspapers quoted "dynamic Dr. Lee" as pooh-poohing the whole idea.

Close to six feet tall and weighing 220 pounds, the doctor at 65 conveys an impression of striking massiveness, particularly in the lines of his broad face and in the size of his hands. He has an appetite that is in proportion. He enjoys good food, rich food, and plenty of it.

Despite his epicurean tastes, though, he is not averse to a simple meal consisting of a tureen of fish chowder, followed by a slab of pie. He rebels at vegetables and often grumbles that "It's too bad we have to rob the rabbits of all these carrots and greens." He is abstemious with liquor, confining himself to an occasional cocktail with friends. He has no patience with solitary drinkers.

Roger Lee's resemblance to his good friend, Winston Churchill, goes beyond a mere physical likeness. Both have the same tart wit; both despised Hitler and all his works; and both have an inexhaustible stock of humorous anecdotes. ('Riley' says he hasn't heard a new one in years.) When the former Prime Minister visited the Lees in Boston, Mrs. Lee said, "It was like watching twins. It was uncanny."

While Dr. Lee feels that the movies "have too much padding," he enjoys a good play. But his great love is music, with the symphony getting the nod over opera. Perhaps his closest friend is Serge Koussevitsky, conductor of the Boston Symphony. A trustee of that orchestra, Roger Lee occupies the seat held for forty years by his wife's father.

Dr. Lee married Ella Lyman in

1919. Miss Lyman, presented in 1900, was an active member of the Sewing Circle, which later became the Junior League.

During the twenties, the couple made regular vacation trips abroad, later taking their sons along. On these tours the doctor found use for his excellent French and German. Although he has not been to Europe for quite some time now, he still feels that Switzerland is the world's best vacation land, with the White Mountains of New Hampshire the runner-up.

The Lee home in Brookline, Mass., is a rambling, ten-room, white Colonial with a green roof. There the doctor takes his sons on for an occasional game of cribbage or listens patiently while they try to tell him at least one story he's never heard before. He spends other free time reading everything from detective stories to classics (favorite: Don Quixote). When listening to the radio, he's likely to tune in Gracie Allen or Bob Hope; most commentators except Swing and Kaltenborn, he feels, "garble their material," so he switches them off.

He has no patience with rosy forecasts of doctors flying around in planes. He'd even dispense with his car if he could do without it. To him, it's a strictly utilitarian contraption, and when his day's work is done he wants no more of it.

Mrs. Lee was repeatedly astonished, in the early years of her marriage, at the number and diversity of the doctor's friends. Such men as John Sargent, the painter, Dr. A. Lawrence Lowell, former president of Harvard, and Serge Koussevitsky were frequently visitors. An old fisherman from Maine never comes

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to Boston without bringing the doctor a couple of fine lobsters, some oysters or scallops. These he receives with the same grace that he accepted, from Sir Alexander Fleming, a small plastic case containing some of the first *penicillium notatum* developed in 1929.

All three Lee boys, Roger Jr., 25, Arthur, 24, and William, 20, served at privates in World War II. "There is distinction in being a private," says their father, even though he came out of the first World War a colonel. His unit, assembled at Boston's Peter Bent Brigham Hospital, was the first to leave this country and he went abroad as chief medical officer, the youngest man to hold such a command.

Colonel Lee was cited by General Pershing for "meritorious and conspicuous service as consultant in surgery." The recipient of the citation acknowledged himself as highly honored but later pointed out wryly to friends that he hadn't served as a consultant in surgery at all, but as a consultant in medicine.

In France, he belonged to the exclusive "Laundry Club," made up of such men as Drs. Henry Lyman, George Derby, Elliot Cutler, Reginald Fitz, and George P. Denny. In a section that was under constant bombardment, they were forced to dine in an underground shelter presided over by an ancient Frenchwoman. Here, every evening, the old crone conjured epicurean dishes out of practically nothing, for there was little to do with. "What that woman could do with one egg and one match!" Dr. Lee sighed last year when assaulted with wartime cookery away from home.

A quarter century after his World War I discharge, when he was

drafted as President-elect of the AMA, he phoned Mrs. Lee, saying, "Well, Ella, they've drafted me!"

"Drafted you!" she replied in deep concern. "Hadn't I better come right down and see what I can do?"

"Riley" works from eight to ten hours a day and is always ready to go out at night in an emergency. It is said that he has never refused a call. He has an abiding respect for promptness, in himself and in others. His insistence on being at the station fifteen minutes before train time is always good for a laugh among the family.

He has been president of the American College of Physicians and of the Massachusetts State Medical Society. He is also a former treasurer of the American Public Health Association. In 1928, he was chairman of the Boston Chamber of Commerce. During the war, he served with the division of medical sciences of the National Research Council.

He is estimated to have written more than 100 articles, including one prepared for the Committee on the Costs of Medical Care. He is also the author of a number of books.

The Lee family is Unitarian but its head does not attend church. Politically, he is a Democrat.

A friend of forty years' standing, Dr. William Bradford Robbins, has said, "I've always thought of Roger Lee as a big man—big in body and big in mind." Dr. Reginald Fitz adds, "He's a great fellow, and his greatest achievement is his capacity to make and retain friends—really true friends."

The life of "Riley" bears them out.

—JOHN GARTNER

## Is There a Pharmacist on Your Team?

*It will pay both you and him to cooperate more closely. Here are some ways*



The corner drug store may be only a soda fountain or cigarette counter to some. But to many it's a directory of health information and a depot that receives more accident and emergency cases than several doctors' offices put together.

It goes without saying that a friendly pharmacist can be a physician's best ethical reputation-builder. The strange or bewildered layman is far more likely to ask the nearest pharmacist to suggest a G.P. or a good specialist than he is to call up a hospital or medical society. A cooperative pharmacist is thus an asset not to be scorned.

Earning the pharmacist's good will takes a little time, a little effort, and a little thoughtfulness. But it pays off. First contact is likely to be through the prescription. This piece of paper is, among other things, the M.D.'s ambassador; and remember that the joke about the illegibility of the doctor's handwriting has worn pretty thin by now.

One way of restraining that impulse to perpetrate an illegible scrawl is to think, each time you write an Rx, that this is like a bank check. You manage somehow to make the words and numerals legible on a check; and an Rx may be considerably more important.

It's a toss-up whether the pharmacist would rather have an illegi-

ble Rx or a pencilled one. Pencilled prescriptions are illegal in many states, undesirable in all. They invite erasure, permitting the unscrupulous patient to abuse the doctor's letterhead and signature for purposes of his own. And from the viewpoint of smart public relations, the pencilled Rx is a dud.

Let it be remembered too that most people can read. An Rx carrying a legend which has become a household by-word is one way of encouraging self-medication. The pharmacist doesn't like it either, because it shrinks him from a professional prescription-compounder to an over-the-counter vendor of packaged merchandise.

Pharmacists are justifiably annoyed when a prescription for a child fails to specify the patient's age. Since the druggist is legally as responsible as the M.D. for a lethal overdose, he likes to know what he is doing when a potent drug is prescribed for a young patient.

The pharmacist's pet peeve is, of course, the M.D. who dispenses all medication in his own office. This is the doctor's privilege and in some areas it may be necessary. But when the doctor dispenses in obvious competition with the pharmacist, the latter finds it hard to look on the M.D. benignly as the senior member of a cooperating team. He can

hardly be blamed for thinking of him as a competitor.

Similarly, the physician who wants the friendship of the druggist will take it easy when it comes to dispensing samples. Overgenerous distribution of samples to a layman cuts unfairly into the pharmacist's territory. It also has a drawback from the doctor's viewpoint since it familiarizes the patient, his family, and his friends with a trade name. Next time, instead of going to the M.D., he simply buys more of the same.

Samples and literature sometimes reach the doctor before they can possibly reach the pharmacy. When the M.D., energized by the pamphlets or by the detail man's visit, writes an Rx for the new product, therefore, he may be beating the gun. Result: Since the patient cannot get the medication, he concludes either that the doctor has written for an obscure remedy that no one ever heard of, or that it must be a new one with which the druggist hasn't yet caught up.

Here's an idea that will help both members of the team: If a patient is coming to your office at regular intervals for an injection, write an Rx for the ampules, have the patient go to his pharmacist to pick up the medication, and let him bring it to you at his first return visit. This benefits the druggist and it protects the M.D. against laying out cash for ampules that he may never use if the patient interrupts treatment. What's more, the patient, having already made a substantial investment in the therapy, is more likely to be consistent in his attendance.

An occasional visit with the pharmacist is time well spent. A look-

see behind the Rx counter gives some assurance as to the pharmacy's cleanliness and facilities. The visit keeps the doctor in the forefront of the pharmacist's consciousness, too, suggesting a name likely to be at the tip of his tongue if there is occasion to recommend a medical practitioner.

Pharmacists are usually too courteous and too professional to voice their criticisms of physicians. If pressed, however, they will admit there are three things that most often alienate their affections:

One is the habit of phoning in for a narcotic. This puts the pharmacist in an especially embarrassing spot. To refuse sounds priggish and uncooperative. To assent lays him open to possible criminal charges.

A second grievance is supplementing the written Rx with oral instructions. Patients forget them or try to cross-check with the pharmacist. "Sig: *Take as directed*" is a lazy way out. If trouble develops and an investigation or legal action follows, the M.D. can never prove that he did not advise an overdose.

The third and bitterest grievance concerns the nonchalance with which some physicians estimate the retail cost of an Rx. To tell the patient the approximate cost to him of his medication is as unfair as the reverse process by the pharmacist would be.

Ethical pharmacists agree that counter-prescribing is bad business. But the line between selling and prescribing is sometimes pretty shadowy. If a customer enters a drug store and says: "I want a bottle of—" (naming a well-advertised proprietary cough syrup), is it wrong of the druggist to sell him a

bottle? Suppose the customer had said: "I want a bottle of cough syrup." What then? Does it become unethical at that point or only when the patient says: "I have a cough; what medicine would you recommend?"

Better relations with pharmacists may be cultivated on an organizational as well as on an individual basis. A county medical society that has an annual meeting with pharmacists of the community is taking a long step forward in implementing this professional alliance. State and county medical journals will find that a regular materia media or pharmacy page will be well read.

One periodical has a lively, phar-

maceutical question-and-answer department with replies to queries like: "What is the formula for the preparation the Army found so successful in treating chiggers?" or "What would be a good vehicle to disguise the taste of—?"

Of some 60,000 drug stores in the country not more than 5,000 belong to chains. The other 55,000 are independent. The corner pharmacist is thus holding his own. Get to know him better!

Here's one more courtesy that will always be appreciated: Refer to him publicly, not as a druggist, but as a *pharmacist*. He prefers it that way; and it is a title he has well earned. —HENRY A. DAVIDSON, M.D.



"WELL, I DON'T BLAME HIM. PEOPLE SHOULD PAY THEIR BILLS."

# Use Paper Cut-Outs to Simplify Furniture Rearrangement

*They save time and effort, too, when you are moving or remodeling*



Moving to a new location? Or considering the re-arrangement of a room in your present suite? In either case, the job can be made comparatively painless by planning it in advance with two-dimensional cut-outs.

Here are the "tools" you'll need: (1) a large sheet of heavy brown wrapping paper—on which to sketch the floor area; (2) small sheets of heavy white paper (or bristol board)—from which to cut pieces representing furniture and equipment; (3) pencil, ruler, scissors, thumb tacks.

Measure the room you wish to arrange. Suppose it measures 10'x 15', wall to wall. Rule off, on your sheet of wrapping paper, a rectangle 10"x15". This is your floor area, scaled one inch to one foot. (A smaller scale is impractical, makes it harder to handle the cut-outs and to visualize results.)

Using the same scale (1":1'), indicate on your floor plan the locations of doors, windows, radiators, closets, built-in wall cabinets and bookshelves, built-in furniture, sink (and other plumbing), electrical outlets, and overhead lights.

Indicate doors with quadrants, showing the minimum space required for each door, and whether it opens into or out of the room.

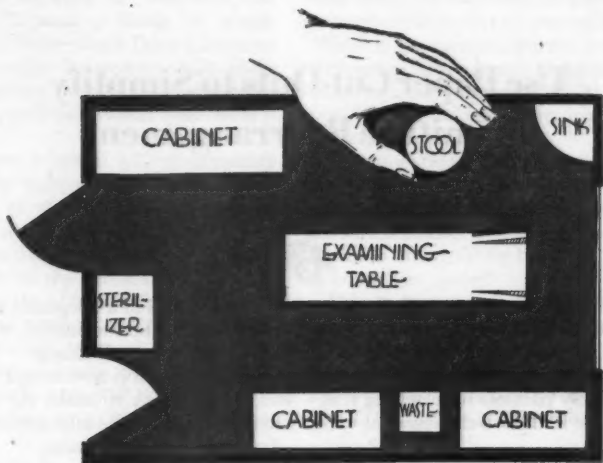
Present location of a telephone need not necessarily be considered; it can be moved for a small charge.

Your floor plan is now completed, and you're ready to make the cut-outs representing the movable items—furniture and equipment.

Take the actual *over-all* dimensions of each desk, chair, table, cabinet, sofa, magazine rack, bookcase, and so on. Don't overlook such items as the coat rack, a sterilizer, or dictaphone stand. Measure filing cabinets with their drawers open; otherwise, they may be blocked when the time comes to use them. Bear in mind that an overstuffed chair may occupy more space than the circumference of its base indicates. Get all your actual dimensions down on a sheet of paper before starting to make your cut-outs.

Follow your 1":1' scale in ruling off on the heavy white paper or bristol board a piece for each movable item to go into the room. Label each carefully *before* you cut it out—identifying chairs, for example, as "Swivel," "Ladderback," "Stenographer's," etc., not merely as "chair."

After you have cut out the various items, which now may be considered two-dimensional scale models of your movable items, place them on your wrapping-paper floor plan—in the arrangement of your



present room. If they fit, you can be sure you haven't erred in following the 1":1' scale; if they don't, check.

Now you're ready to shuffle the paper models around—until you hit on a suitable arrangement. Remember (1) that you want to arrive at a result that will make the room functionally right, and (2) that all the pieces must fit in such a way that you won't be cramped. If you can discard a chair or a table, you naturally want to consider that; contrariwise, if you're adding some new equipment or replacing an item, you'll have to make the necessary changes in your paper models.

If you have a "traffic problem"—that is, if patients and office assistants do considerable running back and forth through the room—give it due consideration in making your rearrangement. You can plot out such a problem on your floor plan by allowing a 2-foot passageway for one-way traffic, a 4-foot "lane" if traffic often flows in both directions

at the same time. Such passageways can be indicated on the plan by colored strips of paper, cut to scale and marked with arrows to show direction of the traffic. Quite often a traffic problem can be solved merely by facing a chair or desk in another direction.

After you have worked out a suitable re-arrangement by moving the labeled cut-outs around, secure each one to the floor plan with a thumb tack. You now have an accurate layout to hand to the movers.

Re-arrangement of wall pictures—if that is necessary—can be done after the moving is completed.

The diagram herewith shows a treatment room arranged after advance planning with cut-outs. The room is 8½'x12½'. The examining table (25" wide, 6' long) has a hinged drop leaf, is shown extended with the leaf indicated. Both cabinets are movable—as are the other items shown, with the exception of the sink.

—ALTON WELCH



# Office-Hunting Physician-Veterans Hit Rent Gouges and Bribery

*Profiteering and chiseling are said to  
affect more than six out of ten*



Of 2,000 physicians recently discharged from military service and contacted by MEDICAL ECONOMICS, 37 per cent say they had no great difficulty obtaining office space, 53 per cent report considerable difficulty, and 10 per cent say they found it impossible to get any quarters at all.

As might be expected, many of these men are bitter about their office-seeking experiences. Some resent a "lackadaisical" attitude on the part of their county societies; others say the societies are willing to help but there isn't much they can do. In many instances, home-front physicians are accused of either indifference or cupidity.

Meanwhile, there is every indication that the office shortage will grow worse before it gets better.

► This article, based on a MEDICAL ECONOMICS survey among demobilized physicians, presents the darker side of a none-too-bright picture. In the future, as in the past, the editors will continue to report the more encouraging side also, describing especially the efforts of medical societies and conscientious physicians to ease the lot of the returning medical officer.

Black market chisellers appear to be flourishing despite frantic moves by the OPA. County societies, hampered by lack of a rent ceiling on professional quarters, cannot move against the profiteers. Says the Bronx County (N.Y.) Medical Society:

"There is not a criminal alive as perverse, contemptible, and devoid of moral character as these operators. Who are they? Individuals commonly regarded as ordinary, respectable citizens. And we can't fight them single-handed. How, for example, can one approach such diabolism as this: sublet, provided sublessee purchases bookcase for \$2,000; sublet, provided sublessee pays 100 per cent increase in rent for use of antiquated and useless equipment, plus a rocking chair; lease, provided lessee pays, 'on the side,' \$500 for the first year and \$1,000 for the second year of lease; lease, provided one takes odd two rooms (not an apartment) upstairs and pays double the rent."

Here and there, hospitals are making an attempt to ease the situation. One, last month, said it would provide space for staff physicians returning from service until they could find quarters of their own. But it can accommodate only five men at a time, and they will have

## Two-in-One Office

Want to divide a large private office into both consultation and examining chambers? Then consider doing it with bookcases. Any competent carpenter can do the job at reasonable expense if you do not choose an expensive wood. In my office, I have two ceiling-high cases, set on storage cabinets, with a curtained passageway between them. You might choose a glass-paned door instead. —M.D., NEW YORK

the use of offices and equipment for only two hours a day for three months. (Costs will be met by staff men who did not go into military service.)

Congress, which has stipulated that every veteran must get his old job back if he wants it, apparently is going to do nothing for the demobilized doctor, who has no job if he has no office. Even municipal governments have been cool to suggestions that building codes be eased temporarily so that old buildings might be remodeled quickly for the use of physicians.

Doctor-veterans who have been through the mill in seeking to establish offices speak their minds with no uncertainty. Some reflect an ugly mood:

"When I went into service I had occupied my office here in Seattle for twenty years at a rental of \$240 a month, and the building management promised to keep it for me. But they didn't; the place has been rented. With my years of experience and the practice I have built, I feel that I can win my battle. But how

about the hundred or so younger doctors who have come back here to find office space absolutely unavailable? The medical society has allowed the professional-building companies to lease to home-front men, many of them refugees. The society's excuse is that it didn't know medical officers would return so soon, but the excuse falls flat in view of the ten-year leases some of the newcomers possess. I repeat, I can win my battle, but some younger men are completely discouraged."

"After months of walking, riding, telephoning, and running down futile leads, I have finally located two cubbyholes of rooms in a renovated old New York tenement. The rent is \$100. At that, I'm lucky; I happened to notice the building being done over and after much difficulty managed to persuade the owner to rent me a 'suite.' I had to decorate the place myself and install all conveniences.

"My old office had been taken over by a refugee. I tried to get it back but to no avail. I know of numerous cases where private families are living in the apartments of doctors who went into service, and they can't be evicted.

"I see that the Procurement and Assignment Service is cutting its staff in half. Apparently the PAS is only half as interested in helping those who are coming back as it was in getting them to leave."

"I answered any ads I saw for professional suites. One offered three rooms—just what I wanted. I hurried around and found the rooms were on the top floor of an old brownstone, with no running water. It would take \$2,000 just for

basic installations.

"I was offered another place by a doctor. He said if I'd pay him \$200 for some old linoleum on the floor, he'd sublease the place to me. I refused, as a matter of principle.

"On most leads furnished by my county medical society's veterans' service bureau, I'd find that up to fifty people had been there before me.

"The only thing left for me to do, as far as I can see, is to buy an old private house at an inflated price. And that's a lot to swing. I've tried to work out a cooperative plan with some other doctors but without success so far."

"After eight weeks' search, I finally obtained an office by agreeing to pay \$150 a month for an apartment that formerly rented at \$95. I also had to pay a brokerage fee of \$67.50, plus \$25 for 'expenses.' The latter check hasn't been cashed yet; I expect it will be returned to me with a request for cash.

"And that's not all: I had to pay rent from the exact day the previous tenant had moved out and also stand the cost of decoration, new plumbing, and the removal of kitchen equipment, even though I had signed a three-year lease. It took me a month to get the place ready. I know very well that without meeting those conditions I wouldn't have got the apartment.

"I heard today of a dentist who is offering his lease and equipment for \$8,000. The equipment is worth \$3,500.

"I believe that if forty or fifty doctors were to get together they could easily convert two or three buildings and run them on a cooperative basis. But a great many

M.D.'s think of their problems only as individuals and can't seem to work together. Working apart, they're certainly going to be victimized."

• • •

"For several months before I was demobilized, my wife scoured the city for space. She also ran down leads of doctors who were willing to share their offices. But either the hours offered were out of the question or the space was utterly inadequate.

"Civilian doctors were quite indifferent to the problems of the veteran. They quoted fantastic rentals: often 75 per cent or more of the entire rental in exchange for privileges of a few hours daily!

"I know what my wife was up against, for I myself looked later at a two-room apartment on a good corner. Rent was \$400 a month—plus the cost of decoration and installation of plumbing.

"Finally, we answered an ad in the county medical society bulletin. It developed that a doctor had an

—Handitip—

## Collection Wrinkle

If you suspect that some of your statements hit the wastebasket unopened because the debtor sees your name and address imprinted on the envelope, try a test mailing of some bills in plain envelopes addressed in handwriting. I did, and I imagine a number of patients, opening the envelope out of curiosity, were shocked when their indebtedness stared them in the face. In any event, my collections picked up.

—M.D., MICHIGAN

entire suite of rooms available. I'm sure it was the only thing of its kind in the city that wasn't occupied! The suite, it seems, had been vacant an entire year because the doctor couldn't get around to the job of renting it. After six weeks of suspense the deal was closed. We pay \$100 a month plus cost of decoration, plumbing, etc."

. . .

"The situation is fantastic. Many doctors who stayed at home now see a chance to have their entire office rent paid for them. Frankly, they are using scalping methods. The only hours some of them offer are the ones a man must spend in the hospital. They never suggest an actual expense-sharing plan; they just want us to pay the rent."

. . .

"Some physicians have oversize offices but they aren't interested in taking anyone in. One I called on, who occupies a whole building, practically turned purple at the suggestion that he share some of it.

"Real estate agents are hopeless. One wanted to sell me *one floor* of a remodeled private house for \$8,500—all cash. I followed up an attractive ad in the county society bulletin and was offered a back room in a dingy house, with no waiting room or other facilities, at \$150 a month. I called this to the attention of the medical society, but the ad continued to appear."

. . .

"I don't know what the doctor-veterans are going to do. They seem to have reached an impasse. Civilian practitioners who have plenty of space *must* be made to realize their responsibilities. One man I saw was astounded to learn that a room he used for equipment stor-

age would be a blessing to some veteran. It was. I'm now using it."

. . .

"My experiences have been disgusting: 'Sorry, no rentals; but here's a place you can buy for \$10,000 cash, and it won't cost more than \$12,000 to renovate it.' Owners and agents seem obsessed by the dollar sign.

"The Veterans Administration referred me to real estate men and they just laughed. I tried the surgical supply stores for leads; and again no luck. I went to the OPA; they just shrugged. The best offer I got was the use of two tiny rooms in a building superintendent's apartment."

. . .

"I went back to the building where I had my office before the war. My apartment was occupied by a single woman from out of town. When I told her what I was up against, she replied, 'I'm comfortable here.' I can't help thinking of what the real estate agent said when I left for service: 'Your place will be waiting for you when you come back.' I should have had him put it in writing!"

. . .

"There is space here in Milwaukee suitable for a physician, but I can't rent it. This is the tip-off: When I came back, I went to the office building I'd marked No. 1 on my list. And although there was a sign up in front offering desirable space, the agent told me none was available. I wandered around the corridors and noticed a number of suites without any signs on the doors. The janitor and elevator man confirmed my suspicions: They were vacant. When I put this up to the agent he said the suites were

for civilian doctors who had found their present space inadequate and were to move in soon.

"I was finally forced to accept the offer of a friendly colleague: the use of one tiny room at a rental that exceeded anything I'd ever paid for a whole suite before the war."

• • •

"After four weeks of searching in San Francisco I finally found a part-time office (with a refugee!). The committee in my old professional building and the real estate men not only didn't get me back in, but were nasty besides. The same treatment was accorded a friend of mine, a man who had practiced in the

building for years. As a matter of fact, the chairman of the building committee is occupying my friend's old suite. Refugees have taken others; they are growing fat all over town. To add insult to injury, the county society bulletin has published a notice that the building will be able to take back all its veteran-physicians!"

• • •

"I shared space with another Washington (D.C.) physician before I went into service and had a verbal agreement that we'd resume our old arrangement upon my return. Last summer, however, he wrote me that I'd have to come back on a salary basis or not at all, since



**"NO, IT'S WRITER'S CRAMP. I HAD TWO WORKMEN'S  
COMPENSATION CASES YESTERDAY."**

I had nothing to contribute. (Incidentally, he was right: In my first sixty days of postwar practice I saw exactly five of my former patients.)

"Rents are terrific. I saw a 2½-room apartment that had rented as a residence for \$80 the landlord offered to install necessary plumbing and partitions if I'd pay \$300 a month.

"In desperation, I took a two-year lease on a big room, 20 by 40 feet, for \$150 a month. But when I called in an architect (at a fee of \$50) I learned it would cost at least \$2,500 to remodel. Since the landlord refused to extend the lease beyond two years, I decided to sublease the space. Eventually, a commercial firm took it, but not before I'd lost \$300 in rent.

"Finally I got a terrific break. Quite by accident I met a woman doctor who was just ready to retire. She offered me her office and equipment for \$2,000 and I snapped it up. We are both in the same specialty and the result is I've inherited a good share of her practice."

"I saw some terrible places at extravagant rentals. One landlord offered to rent me the first floor of an old private dwelling for \$200. He would not decorate and the house was in miserable condition. I would have had to furnish my own janitor service. Another place was rather good, but the rent was astro-

nomic and a three-year lease was required. Since I'm just starting out in private practice, I couldn't take a chance.

"I finally got a place through a newspaper ad. It's a three-room apartment. I had to finance my own alterations."

• • •

"I found rents exorbitant. One small basement apartment, ruined by termites, was offered to me at \$150 a month. Scores of such places were priced at \$150 to \$200. The landlord of another small apartment wanted \$250. I saw a three-room basement apartment for \$115, but I would have had to put in partitions and make other alterations at a cost of \$1,700.

"It took me more than a month of searching to find my present location on the second floor of an old store building, unoccupied for six years. The owner agreed to rent for \$65 a month and make necessary alterations, but when he found out what labor and materials cost he raised the ante to \$110. After considerable argument, we compromised at \$90.

"Even at that, the office is unsatisfactory. The entrance is extremely inconvenient and downright ugly. Heat is so unpredictable that I had to close the office six times this winter because it was too cold to work in. But I'm stuck with a two-year lease."

## Next to Godliness

"*M*aw," yelled the mountaineer across the room, as I prepared the woman for delivery, "did you do the wash today?" "No," came the weak reply, "I couldn't seem to git to it." "Well, git to it tomorrow," he ordered, "or I won't have a clean shirt for the christenin'."

—THOMAS DUGAN, M.D.

# Psychological Collection Appeals

*An insight into the emotional factors  
that lead people to pay or default*



The dynamo that drives human activity is, according to Adler, a deeply rooted inferiority feeling which goes back to childhood experiences of inadequacy in an adult world. Hooked up with this feeling is an insatiable desire to disprove it—an unrelenting struggle to escape from inferiority toward a goal of superiority. Here you have the key to collection psychology:

*Make the payment of the debt synonymous with the pursuit of superiority and the money is in your pocket. The debtor will want to pay if he recognizes that non-payment jeopardizes his precious self-esteem.*

## SHOW CONFIDENCE

Always imply that your opinion of the debtor is a high one: You know he is the sort who pays his debts and keeps his promises. You know he is courteous, cooperative, and the soul of honor and decency.

Remember that there is less cheating in exams if the teacher obviously puts students on their honor than if she spies on them. Often a person acts contrary to an established bad habit (e.g., neglect of his debts) just to vindicate another's confidence in him. For it is easy to believe the best about himself and, under the momentary influence of that belief, to seize the first opportunity of proving it.

So stimulate the debtor's pride

and open the way for him to validate your confidence with a check.

Examples:

"I know you too are anxious to get this cleared up."

"This is a reminder of something I am sure you intended to take care of before now."

"No doubt you have this obligation in mind, and have definite plans for taking care of it."

"I know I can depend on you to cooperate."

## TRY PRICKING PRIDE

The ghost of Inferiority looms on the horizon if you remind the debtor of the disparity between his actions and the fine fellow you know he is. Show him that he is not measuring up to his own high standards or to his past record. He will then want to quicken his pace to catch up with himself—with that ideal self which he esteems and which helps him to escape inferiority. Examples:

"This does not run true to your record."

"It is not like you."

"I have complete confidence that you will do the right thing, but I confess that your failure to respond has me puzzled."

## AROUSE SELF-INTEREST

The pursuit of superiority makes people avidly interested in what benefits them economically as well as socially. Therefore, appeals based



## POSITIONS FOR WAR-VETERAN PHYSICIANS

Any physician returning to civil life from the armed services or from a war agency may insert *free* in the domestic edition of **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted classified ad (maximum: 24 words). The following data (which will be kept confidential) must accompany the copy for each ad: name; address; rank or position; date. Copy must reach **MEDICAL ECONOMICS** by the 5th of the month preceding publication. Address: Veterans' Service Editor, Medical Economics, Inc., Rutherford, N.J.

on the debtor's material interests are often highly persuasive. Early in the collection process use phrases emphasizing the economic advantage of a good credit standing. Example:

"Keep your credit record good. You may need it in an emergency."

When you invite the debtor in for a conference to arrange payment, show him you are only trying to make things easier for him. If you have to threaten suit, emphasize the additional expense to him.

### USE SOCIAL PRESSURE

One way people have of reassuring themselves against inferiority is to gain social approval. They seek it at every turn. They want to be accepted as "regular"—as one of the group. They want to share the common virtues of society. They want the rest of mankind to share their deficiencies (the "Aren't-we-all?" philosophy). If you would save a man's feelings, merge him in the group; if you would apply pressure, single him out.

These social factors explain why

early collection appeals tend to be general in tone. They are printed forms, rubber-stamp appeals, and stickers, deliberately impersonal so as to avoid overemphasizing the slight delinquency.

As the collection procedure advances, however, and more pressure is required, you systematically move the debtor out of the general group into a gradually diminishing minority. The crowd thins. His shortcomings grow more and more conspicuous. And his discomfort increases. Inferiority is hot on the trail.

But always the road is open: You imply that his behavior belies the real person, that he is strangely out of place in this minority group; and you invite him over on the other side of the fence where he belongs. Examples:

"Your name should not be on this list of past due accounts I have before me."

"Your account was one of several handed to me this morning for special attention."

"Rarely do I have to turn an ac-



count over to a collection agency."

"I feel sure that you are one of the 99 per cent who pay their bills voluntarily."

"I will keep your file here on my desk a few days longer."

#### DON'T IMPLY INFERIORITY

Pride and self-esteem are compensations for a feeling of inferiority. Wound pride and you trip the individual in his pursuit of superiority. This he cannot take. He will not endure the loss of self-esteem, but will lash out and dominate somehow. Reaction will be quick, but wrong. You may get your money, but you have certainly made an enemy.

Therefore, never imply that the debtor is inferior in any way. You may call attention to delinquency and to all the things he has failed to do; but they are always treated

as *slips* that should be corrected in order that the debtor's behavior will coincide with his character, which you never question but, on the contrary, constantly build up.

#### CHECK-UP

Check each of your letters on the following points:

##### ANSWER SHOULD BE NO:

Does the letter cast a reflection on the debtor's integrity?

Does it imply that he is lacking in common courtesy or in any other common virtue?

Does it make him feel inferior?

##### ANSWER SHOULD BE YES:

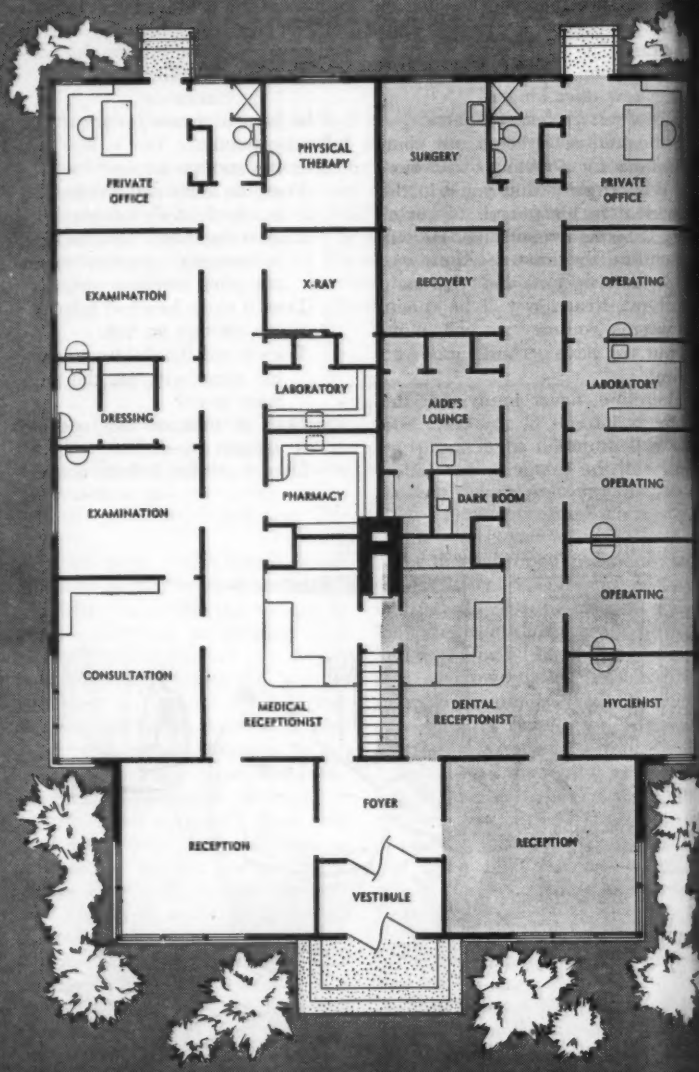
Does it aid the debtor to pursue superiority via the payment route?

Does it indicate the specific amount owed?

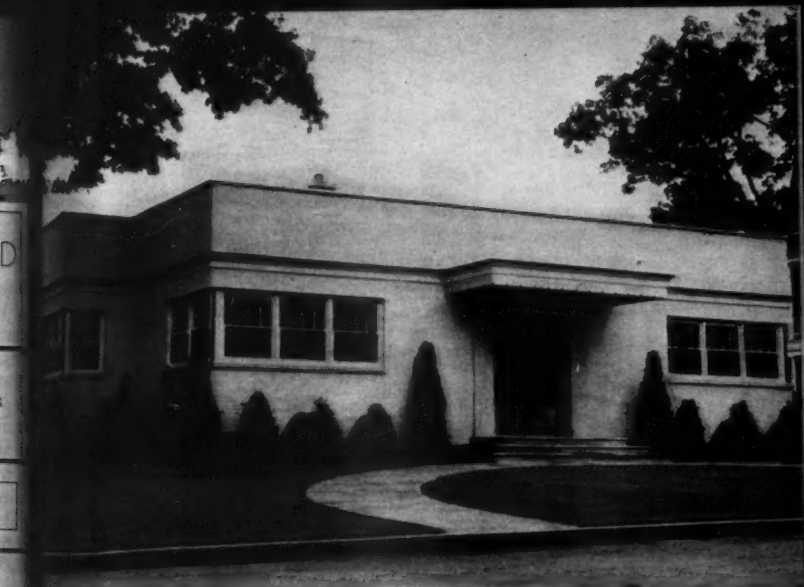
Does it ask for definite action?

—H. F. SOMMERS





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Ritter Company photos

## A Tested Medical-Dental Building

*Completely separate suites provide maximum efficiency for two practitioners*

The two-man building pictured above and in the pages following is the result of a considerable pool of experience. It was designed for a physician, Dr. Auray Fontaine, and a dentist, Dr. Armand Picard, of Woonsocket, R.I. Into its planning went the ideas of the two practitioners, the skill of an equipment engineer with long experience designing medical and dental offices, and the talent of an architect. The forepart of the studio type structure is of brick, the rear frame. Over-all length is 73 feet, width 56 feet.

Although they built jointly, Drs. Fontaine and Picard arranged for

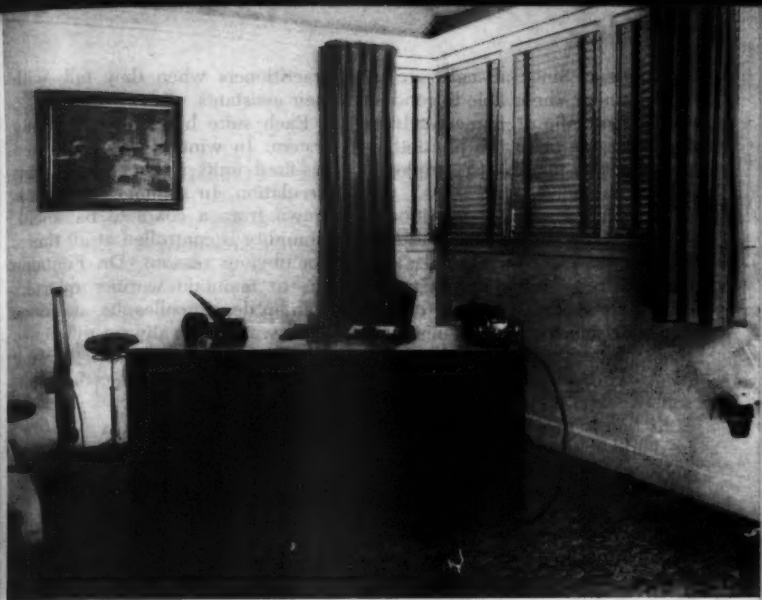
two completely separate establishments under one roof. The reason was simple: Both men have such extensive practices that traffic would be hindered, rather than expedited, by a common waiting room and a single receptionist. In addition, both practitioners have an aversion to mixing medical and dental patients; they feel that it is psychologically bad and that it detracts from the prestige of each man.

From the foyer, a patient enters the physician's reception room (see floor plan). Opening the door sounds a buzzer in the receptionist's office, and she comes out to greet



*The receptionist's desk, shut off from waiting room, insures privacy for patients as they pay bills or make appointments. Below: Face-to-face seating in reception room could be eliminated by better chair arrangements.*





*In addition to this consultation room, Dr. Fontaine has a private office where he can relax or transact private business. Below: a treatment room. In a sense, the building was designed around the equipment it was to house.*



the patient. Since all calls are by appointment, she is able to conduct the patient almost immediately to Dr. Fontaine or to the physiotherapist or the pharmacist employed by the doctor.

For years a general practitioner, Dr. Fontaine has been gradually limiting his work to internal medicine. The result is that he now makes only two or three outside calls a day and soon expects to eliminate them altogether. This concentration of work in his suite has made it somewhat cramped, large as it is. If he had to do over again, he says, he'd add another consultation room and a second diathermy room. Dr. Fontaine also regrets that he did not include a lounge for his assistants (receptionist, nurse, and pharmacist), as did Dr. Picard.

The physician dispenses 100 per cent and thus maintains a large, well-stocked pharmacy. The pharmacist, when free, also assists the receptionist and nurse. A separate charge, equivalent to that of outside pharmacies, is made for medicine, and the business is of very respectable proportions.

A private automatic telephone system, with twenty-four instruments, serves the two suites. It was chosen in preference to a loud-speaker intercommunication system because of the privacy it affords the

practitioners when they talk with their assistants.

Each suite has its own heating system. In winter, warm air from gas-fired units is kept in constant circulation. In summer, cool air is drawn from a concrete basement. Humidity is controlled at all times. For obvious reasons, Dr. Fontaine has to maintain warmer quarters than his dentist colleague, and since there was practically no difference in the cost of two small heating units and one large one, the problem was easily solved.

Fluorescent lighting is employed throughout. In reception and consultation rooms fixtures are of the indirect, concealed type; in other rooms, they are built flush into walls and ceilings. The structure has no skylights; Dr. Fontaine considered installing them over the inside rooms but finally decided against it, since he feels that a constant level of illumination is preferable to waxing and waning daylight.

Drs. Picard and Fontaine acted as their own general contractors when they put their building up four years ago. Builders would have done the job for about \$30,000; actually the practitioners spent a great deal more. On the other hand, the colleagues were able to make changes as work progressed.

—ALLEN CROSSLEY

## Shots at Sunrise

Five o'clock in the morning it was, and I could hardly believe my ears when the wheezy-voiced woman on the phone asked, "How much are cold shots?" "Do you want cold shots at this hour?" I said in astonishment. "Land sakes, no!" she replied. "I was just wondering about the price in case my two kids need 'em."

—GEORGE GATES, M.D.

# Your Liability for Prenatal Injuries

*The current tendency is to hold a physician responsible where a layman would not be*



Courts have held generally that an unborn infant cannot recover damages for prenatal injuries, since no such right exists at common law. Two recent cases, however, involving claims against physicians, indicate a new trend: Such action is maintainable in some states.

## EARLY CASES

In an early Illinois case, the mother of an infant sued a hospital, alleging that shortly before her confinement and while she was seated on a stool in the elevator of the hospital, she fell on account of the negligent operation of the elevator. Both she and the unborn child were injured, so that the latter after birth was crippled.

The court ruled that no cause of action in favor of the child existed, for no such right was given by statute nor at common law unless

the child had a distinct and independent existence. At the time of the injury, the child was a part of his mother and the injury was to her and not to him.

In another Illinois case action was brought by a minor, through her mother, against two physicians to recover damages because of personal injuries alleged to have been sustained by her prior to her birth. Suit was started thirteen years after her birth. The child died after the commencement of the action and her mother appeared as administratrix of the estate of the deceased daughter.

In substance the complaint charged that the doctor negligently diagnosed the mother's condition as a tumor of the womb, when actually she was pregnant. Six X-ray treatments of forty-five minutes each were administered to the mother over a period of four months. She claimed the X-rays were of such strength as to destroy a tumor, with the result that the foetus was burned, the bones of one ankle and certain vertebrae in its neck failed to mature; certain cells of the brain were destroyed; and the infant was born a permanent cripple and feeble-minded.

The attorney for the mother urged that the court discard the old common law doctrine; that the

► Emanuel Hayt, the author, is a member of the New York Bar and of the Society for Medical Jurisprudence. He is also an associate member of the American Hospital Association. While specializing for the last fifteen years in medical and hospital law, he has written several books and numerous articles for medical and hospital journals.



## Cleaning Instruments

Don't throw away scissors and forceps that have become so corroded that they no longer work smoothly. The debris that commonly gums their joints may easily be loosened with a little paint remover and then wiped away with a cloth.

—M.D., NEBRASKA

mental and physical health of children was quite as important as their property rights.

But the court said, the real and only question presented was whether a child after it is born might maintain an action for injuries occasioned before its birth. No case was cited nor could the court find one in which it had been held that an action might be maintained by a living child for injuries suffered before its birth, or by the estate of such a child after its death. "Thus it appears," said the court, "that an action of this character may not be maintained unless and until the right to bring such an action is afforded by legislative enactment."

In a Texas action, husband and wife sued for damages resulting from the negligence of a truck driver. They alleged that the truck struck the automobile driven by the wife and caused it to collide with another automobile parked at the curb.

The wife, then pregnant, was crushed against the steering wheel. In consequence, she gave premature birth to twin babies, one of which was born bruised, and died nineteen days later. The parents sought to recover both for injuries

to the wife and for loss of services of the child.

State statute provided that a death action could be brought if the injured party would have been entitled to maintain an action for injury had death not ensued. But here, said the court, the only obligation was to refrain from injuring the mother. Had the child lived it could not have maintained an action because no duty of care was owed to it.

In a New York case the defendant was charged with having negligently permitted a coal-hole in the sidewalk in front of his premises to remain uncovered. A pregnant woman fell into it; the child was born eleven days after the accident. The infant sued for injuries sustained while in its mother's womb. The defendant contended that at the time of the injury the child was not a person but was a part of the body of his mother and that, as the injury was to his mother, he had no cause of action. The court agreed.

Two decisions in Alabama hold to the same principle of non-liability. Massachusetts, Missouri, Pennsylvania, Rhode Island, and Wisconsin are among other states in which similar rulings are found.

### RECENT CASES

New Jersey, however, affords a sharp contrast. In a late decision, it distinguishes between those cases where the person charged with negligence is a physician and those in which he is not. The theory of the court is that a physician—unlike others—is on notice that he may or may not be dealing with a child *en ventre sa mere*.

In this case, parents brought an action in behalf of a five year old child against a physician. It was



based on alleged personal injuries to the child as a result of malpractice in treating the pregnant mother.

A motion made by the physician to dismiss the complaint declared that an infant cannot maintain an action for personal injuries sustained while *en ventre sa mere* and that the parents of such infant cannot recover resulting damages. The parents retorted that negligent diagnosis of the mother's condition and subsequent X-ray treatments caused the child to be born a microcephalic and an idiot, without skeletal structure, sight, speech, hearing, or the power of locomotion.

The motion to dismiss was denied by the court. "Where, as here," it said, "the defendant is a doctor who knew or should have known of the existence of the child, he owed a duty to that child. If that duty was disregarded and through his negligence the child was injured while the mother was quick, and if it is born viable, an action should lie on behalf of the child for the damages occasioned it."

Not long ago one of the California courts used a statute on which to base a ruling that the child could maintain a claim for prenatal injuries. Suit was brought against a physician for the negligent use of clamps and forceps incident to a delivery, resulting in serious injuries to the brain cells and spine and causing permanent paralysis. At the time the action was begun the child was eleven years old.

The case rested entirely upon the interpretation given a statute which provided that "A child conceived but not yet born is to be deemed an existing person, so far as may be necessary for its interests in the

event of its subsequent birth." The physician contended the statute did not apply to injuries committed upon a child before its birth. With this interpretation the court expressed disagreement.

The court reminded the defendant that the statute says "a child conceived but not yet born is deemed to be an existing person" when that assumption is necessary "for its interests in the event of its subsequent birth. The word 'interests,'" it declared, is general and refers to both personal and property rights.

In holding that the child could maintain such an action, the court did not thereby suggest that the physician was guilty of malpractice. That question was one to be decided at the trial: "It may be true that defendant made no mistake in the delivery of the child in this case. It may be true that it is impossible to prove satisfactorily that this conduct contributed in any degree to the unfortunate condition of the child. But that should not deprive one of the right to pursue a remedy for an assumed wrong."

—EMANUEL HAYT, LL.B.

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### Handitip

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## Pasting Clippings

When my secretary pastes journal clippings into scrapbooks, she uses a small spouted oilcan to place the mucilage just where she wants it. There is little danger that any will leak over onto the desk. Between-times, she keeps the spout from clogging by thrusting it into a cork.

—M.D., WISCONSIN

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# HOSPITAL-BED REQUIREMENTS OF THE VETERANS ADMINISTRATION, AS PRESENTED TO CONGRESS

Geographical Districts (According to Veterans Administration Classifications)		Estimated Beds Needed by 1950	Existing Beds, Early 1946	Beds to be Requested in 1946	Beds to be Requested in 1947	Surplus or Deficit Remaining
All U.S. ....		151,500	71,284	44,190	14,185	-21,741
No. 1	(Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island) ....	9,980	4,832	2,599	400	-2,149
No. 2	(New York) .....	16,640	7,294	5,001	2,492	-1,853
No. 3	(New Jersey, Pennsylvania, Delaware) ...	17,920	4,232	8,134	1,250	-4,304
No. 4	(Maryland, District of Columbia, Virginia, West Virginia, North Carolina) .....	12,140	5,777	4,313	750	-1,300
No. 5	(South Carolina, Georgia, Florida, Tennessee, Alabama) .....	13,110	7,506	4,144	1,700	+240
No. 6	(Ohio, Michigan, Kentucky) .....	17,470	5,943	4,597	2,201	-4,729
No. 7	(Indiana, Wisconsin, Illinois) .....	16,810	9,995	3,526	450	-2,839
No. 8	(Minnesota, North Dakota, South Dakota, Iowa, Nebraska) .....	7,860	5,508	2,282	0	-70
No. 9	(Missouri, Kansas, Arkansas, Oklahoma) ..	10,410	5,223	2,890	1,700	-597
No. 10	(Mississippi, Louisiana, Texas) .....	12,290	4,171	4,106	1,128	-2,885
No. 11	(Montana, Idaho, Washington, Oregon) ...	4,390	2,630	1,034	614	-112
No. 12	(Nevada, Arizona, California) .....	9,760	5,827	1,138	1,000	-1,795
No. 13	(Wyoming, Utah, Colorado, New Mexico) ..	2,720	2,346	526	500	+652

Source: Veterans Administration.

# General Hawley Fights to Better V.A. Medical and Hospital Services

*Acting Surgeon General will provide veterans with top-quality care or quit his job*



A month ago the Veterans Administration was making heroic efforts to pull its medical and hospital program from the slough into which it had sunk over the past two decades. It sought to build, with the utmost expedition, a nationally respected, smooth-working team of physicians and hospitals. But the way was hard.

Acting Surgeon General Paul R. Hawley had straightforwardly presented his case to the AMA House of Delegates and had received a heart-warming reception. He had told the White House that he intended to build veterans hospitals near approved medical schools, using their faculties as consultants, and had been complimented on his acumen.

The next step was to get Congressional approval and an appropriation to put his hospital program into effect. There was the rub. One Congressman after another showed his determination to roll out the pork barrel, whether or not it got in the way of veterans' recovery.

Despite this opposition, it was evident that the Acting Surgeon General would not give up without a knock-down, drag-out fight. Even the more dour Washington correspondents were willing to give him and his chief, Omar Bradley, an even chance in their contest with Congress. Much more difficult, they

thought, was General Hawley's task of getting good physicians to enter V.A. service. Said Charles Hurd in The New York Times:

"Most observers report that the V.A. is doing the best possible job in its hospitals. But that best is not very good, and it can be corrected only if the medical profession and the public support the program, the doctors by looking upon V.A. as an honorable public career and the public by supporting pending legislation to pay the cost. The cost will be large. It involves higher salaries and the provision of training and research facilities which, Dr. Hawley says, must be installed to bring V.A. hospitals up to the standard of the well-run private ones."

General Hawley realized fully what he was up against. In a letter to Representative Edith Nourse Rogers (R., Mass.), which she placed before Congress, he emphasized these facts:

The V.A. needs 3,500 doctors to man properly its hospitals and regional offices on a normal basis. It has only 2,327, or about two-thirds of its requirements.

Of the 2,327 men now in the V.A. 1,714 are medical officers on loan from the Army and Navy.

Of the 1,714, only 35 per cent have signified a desire to remain with the administration upon dis-

charge from military service. And of that 35 per cent, only about 350 would qualify for service according to the V.A.'s new standards.

"Thus," says General Hawley, "unless we obtain new doctors from the outside, we shall have only about 960 to fill 3,456 vacancies. One is merely deluding himself if he thinks that it is possible to gather a *full-time* staff of this size and quality within six months or within three years, even at the rate of pay offered in H.R. 4717 [a bill signed by President Truman last month, which, among other things, increases V.A. salaries]. Every medical man knows that such a program would be doomed to abject failure. And I for one will not experiment with the medical care of the veteran. Either he gets the quality of care he deserves or I quit—and quit at once."

The Surgeon General reiterated his unshaken conviction that the best reservoirs of medical talent are the teaching institutions. Before the heads of such institutions and before the AMA he placed a proposal which would utilize such teaching staffs and provide, in addition, a considerable number of residences for men training for their specialty boards.

"The plan will work," said the Surgeon General, "if those in charge of V.A. hospital administration want it to work, and if there is cooperation between hospitals, medical schools, and the consultants appointed by the V.A."

The program provides two levels of consultant:

**Senior consultants.** Outstanding men of professional rank who will act as supervisory consultants to the manager, chiefs of staff, and

staff of the hospital. Remuneration: on the basis of time spent and work performed. Appointment: by the hospital manager on recommendation of the dean's committee of the affiliated medical school.

Groups of senior consultants now exist in most veterans hospitals located near medical centers. Under the Hawley plan, there will be no reorganization of such staffs unless present incumbents do not fit into the plan; then they must be replaced.

**Consultants.** Attending men with teaching experience in medical schools. Duties will be those expected of a visiting man in a civilian hospital. Remuneration: on a per visit basis, total compensation not to exceed \$6,000 a year. Appointment: by the hospital manager on recommendation of the dean's committee of the affiliated school, preference being given, wherever possible, to veterans. Requirements: Fellowship in the American College of Physicians or in the American College of Surgeons, or certification by a specialty board. Applicants who have not passed the second half of their board examinations because of military service may be recommended for appointment.

In proposing a man for a consultantship, the dean's committee will specify a particular service: medical, surgical, or other specialty. The recommendation will be accompanied by a full record of training, accomplishments, positions held, research work, publications, and military service.

The residency program provides for—

**Ward officers.** These shall be residents in the veterans hospitals,

placed on a rotating basis in their specialties so that they may prepare for their boards under the supervision of the senior consultants and consultants. Instruction in the basic sciences, as required by the boards, will be provided in the affiliated teaching institutions. Remuneration: starting, under current civil service laws, at \$3,640 per annum. Requirements: military service and intention to qualify for board certification. Appointment: currently, managers of veterans hospitals have the power to appoint immediately any applicant recommended by the dean's committee. To gain consideration, applicants must file V.A. Form 57. In the future (when enough men have been appointed to get the plan in operation) applicants will be appointed by the Sur-

geon General, Veterans Administration, upon recommendation of a dean's committee and a hospital manager.

General Hawley points out that no ward officer will be appointed who does not intend to seek board certification or who will not agree to remain in a veteran's hospital until he has qualified for such a board. If, having been accepted, he proves unsatisfactory in the opinion of the dean's committee and the hospital, he may be transferred to another medical service in the V.A., which will not necessarily prepare him for board certification.

The ward officer service may run as long as five years. After a complete rotation through all the subspecialties of medicine and surgery, including orthopedic surgery, the



"SORRY, MR. HERBERT, BUT IT'S TIME FOR COMPANY TO GO."

ward officer will be allowed to specify a preference as to a subspecialty. One year of service will be given to the basic sciences. Some, such as pathology, may be given within the hospital; others, such as physiology, anatomy, and biochemistry, will be given by the affiliated medical schools. In most cases, says the V.A., medical school courses may be financed under the G.I. Bill of Rights, but it points out that lack of facilities may prevent the initiation of such training for a year or more.

Construction of new V.A. hospitals in the following communities has been authorized by President Truman (names of adjacent medical schools in parentheses):

Alabama, Birmingham; GM&S; 500 beds (University of Alabama School of Medicine).

Arkansas, Little Rock; GM&S; 500 beds (University of Arkansas School of Medicine).

Florida, Tallahassee; GM&S; 200 beds.

Indiana, Fort Wayne; GM&S; 200 beds.

Michigan, Grand Rapids; GM&S; 200 beds.

Michigan, Ann Arbor; Tb; 500 beds (University of Michigan School of Medicine).

Michigan, Saginaw; GM&S; 200 beds.

Mississippi, Tupelo; GM&S; 200 beds.

Missouri, St. Louis; Np; 500 beds (Washington University School of Medicine; St. Louis University School of Medicine).

Missouri, southern; Np; 1,000 beds.

Missouri, Poplar Bluff; GM&S; 200 beds.

Nebraska, Grand Island; GM&S; 200 beds.

New York, metropolitan; GM&S; 1,000 beds (Columbia University School of Medicine; New York University School of Medicine; Cornell University School of Medicine; New York Medical College; Long Island College of Medicine).

New York, Syracuse; Np; 1,000 beds (Syracuse University School of Medicine).

North Carolina, Durham; GM&S; 200 beds (Duke University School of Medicine).

North Carolina, Charlotte; GM&S; 200 beds.

Ohio, Toledo; Np; 1,000 beds.

Oregon, Klamath Falls; GM&S; 200 beds.

Pennsylvania, Philadelphia; GM&S; 1,000 beds (University of Pennsylvania School of Medicine; Temple University School of Medicine; Jefferson Medical College; Hahnemann Medical College).

Pennsylvania, Altoona; GM&S; 200 beds.

Pennsylvania, Erie; GM&S; 200 beds.

Pennsylvania, Harrisburg; GM&S; 200 beds.

South Carolina, Greenville; GM&S; 200 beds.

Tennessee, Chattanooga; GM&S; 500 beds.

Texas, Bonham; GM&S; 50 beds.

Texas, Houston; Np; 1,000 beds (Baylor University School of Medicine).

Utah, Salt Lake City; Np; 500 beds (University of Utah School of Medicine).

Washington, Spokane; GM&S; 200 beds.

Wisconsin, Madison; Tb; 500 beds (University of Wisconsin School of Medicine).

West Virginia, Beckley; GM&S; 200 beds.

To be added to this total of 13,650 beds are the following authorized additions to existing hospitals:

Maryland, Fort Howard; 70 beds.

Michigan, Dearborn; 300 beds.

New York, Peekskill; 492 beds.

South Carolina, Columbia; 200 beds.

—HERBERT ENRICH

## How Do You Do?

**K**nocked down by a car outside my door, the woman was carried into my office by a traffic officer. Her left clavicle was fractured. "I'll have to put her in Jones' position," I murmured, partly to myself and partly to the officer who was helping me. "My goodness!" exclaimed the patient, who had overheard. "As a married woman, I've been in a lot of positions—but I never heard of *that* one before!"

—JOHN Y. NYVALL, M.D.

## *Sidelights*

The hope, held in some quarters, that Surgeon General Thomas Parran might eventually buck Federal medicine and come out publicly as an ally of the private physician, was dimmed, if not dispelled, by a memo he sent recently to all officers of the Public Health Service. Its subject was "The National Health Program," and it read, in part, as follows:

"Enclosed is a copy of House Document No. 380 which is the full text of President Truman's message to the Congress on a National Health Program, a subject of the highest importance to every citizen. The message contains a comprehensive analysis of the health problems of the country and recommendations as to the pattern of legislation to deal with them.

"It is a source of particular satisfaction to all of us who labor for the public health advancement that this should be the special subject of a Presidential message. For the first time we have the major elements of a national health policy officially stated in comprehensive terms. This has been a goal of all public health workers for many years, and the announcement of such a policy by the Chief Executive gives the Public Health Service definite objectives for its future work. . .

"Every officer of the Public Health Service will wish to familiarize himself with the President's message and will be guided by its pro-

visions when making any public statement likely to be interpreted as representing the official views of the Public Health Service."



It is being assumed rather generally that reconversion will open up a host of opportunities for doctors in industrial medicine. Maybe it will; but the evidence is still to come.

In New York County, where the veterans' service committee of the local medical society sounded out a cross-section (150) of the city's smaller industrial concerns, the response was large but discouraging. In that county (and others report in like vein), there is now less than one industrial opening for every 100 physicians who say they would like such a connection.

The moral is simple, but compelling:

Medicine must expand and accelerate its educational efforts among small business. It is apparent that a good many companies of modest size do not yet recognize the benefits which an industrial medical program can offer.



"Do you realize," our Washington correspondent asks in a memo to the editor, "that these medical bills would not be shoved through as they are if the legislative branch of the Government were really in-



dependent of the executive branch, as it is supposed to be under the Constitution? The way it is now, persons in the employ of the executive branch get themselves appointed to legislative committee staffs and then push for measures that will increase the power of their own agencies!

"One man on the staff of the Public Health Service (an executive agency) works also for Senator Pepper's health committee. He is, in fact, the chief promoter of the hospital-construction and maternal-and-child-health bills.

"Thus, in effect, measures which should originate with the Government's legislative branch may be prompted instead by the executive branch. Legislators in many cases tend to 'go along' because it would be politically inexpedient to do otherwise."



We quote, without comment, excerpts from a recent statement of the American Society for Russian Relief, Inc.:

"The first shipment of material for a detailed network of hospitals, a central factory, and workshops in the Soviet Union, specializing in the care of amputation cases caused by the war, has been sent by the American Society for Russian Relief . . . this is the first time any relief agency has undertaken a project of such tremendous proportions . . .

"The project was initiated at the request of Professor Nikolai N. Priorov, director of the Central Institute of Orthopedics and Traumatology in Moscow . . .

"Everything from thousand-dollar turret lathes and disc grinders to laundry equipment, surgical instruments, and even doctors' and nurses'

uniforms will be supplied by the American people through Russian Relief. Plans call for a central hospital in Moscow to be supplied with 2,000 beds and all necessary medical equipment including a complete chemical research laboratory. The agency is also shipping drill presses, welding machines, riveting machines, electric drills, sewing machines, and hand tools.

"Says Lewis V. Mays, chairman of the agency's hospital supplies committee: 'The American people should welcome this opportunity of materially expressing their gratitude and good will to Red Army soldiers and Russian civilians.'

"The project will cost \$1 million."



After the singing of "Come, Ye Thankful People, Come!" and the reading, "The New Agricultural Expert," by Sister Rogers of Minnehaha, the Pomona (Wash.) Grange recently heard a talk about "The paid Medical Service," reports the Vancouver (Wash.) Columbian.



One fear, expressed in the early days of specialist certification, now seems groundless: fear of entrusting certification powers to a small, self-designated group which might exploit them for personal advantage. It seems agreed now that on the whole, examinations are given and graded without favoritism and that specialty board officials are not personally exploiting their authority. All of which demonstrates the impartial competence that may be expected of the country's medical profession when charged with wide administrative authority.





*Old building and new extension were unified by a coat of masonry paint.*

## **Low-Cost Conversion Provides Modern Office-Hospital**

By remodeling an old brick residence and adding a new wing, Dr. J. A. Cosgriff, Olivia, Minn., accomplished two aims: He modernized his office facilities and provided a few hospital rooms (badly needed in the small community, since the nearest hospital was thirty miles away).

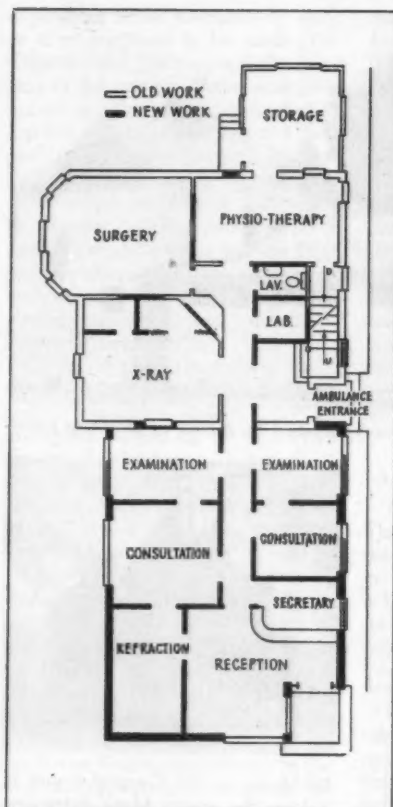
Relatively few changes were necessary in the old structure, but the new wing was built from scratch and designed to take full advantage of recent developments in building construction. Built of cinder block, with pre-cast concrete joists and concrete floor slabs, it utilizes both steel-casement windows and glass block for optimum illumination.

*[Continued on next page]*



*Residence as Dr. Cosgriff found it.  
Below: the cinder block extension.*





The old red brick of the original residence and the gray cinder block of the new wing are unified with a special white masonry paint, which also imparts a clean-cut appearance to the entire structure.

Provision has been made for a possible second floor in the new section: By the comparatively simple expedient of elevating the roof, the present first-floor ceiling can be made to serve as a floor for the new second story.

Examination-room floors in the new wing are of asphalt tile; the other areas are of prefabricated wood tile cemented directly to the concrete slab. No wood trim other than baseboards has been used. The metal framework of the doors and windows permitted planing to the edge of each opening. Flush-type hospital doors provide a modern appearance.

In the old structure, part of the entrance hall and kitchen were converted into a small but efficient laboratory. Another section is now a laboratory. The living room was transformed into an X-ray department with an adjoining dark room and dressing cubicle. The largest and best lighted of the old rooms is now devoted to minor surgery. Space for physiotherapy with cot cubicles has been provided in the remaining area of the old kitchen.

An ambulance entrance, directly accessible from the driveway, is located only a few steps from the X-ray and surgery rooms.

The second floor is used for hospital purposes only. An existing sleeping porch was converted into quarters for the resident nurse and a fire escape added at the rear of the building. The only other major changes necessary were the addition of cabinets and equipment for the preparation of food.

Completed in 1942, the project cost \$10,666—\$3.90 per square foot. This included the cost of the old residence, remodeling, new construction, and architect fees.

## Financial Aspects of a Regular Army Career

*'Hidden items' bring a major, at \$3,600, equivalent of \$8,000*

Awaiting his turn in the separation center, the average medical officer hoots with derision at any suggestion that it might be worth his while to seek a commission in the Regular Army. He feels, for one thing, that the pay is too low. But there's more to it than meets the eye. Apart from any appeal to patriotism, there are practical advantages in Regular Army service that can be reduced to dollars and cents.

Base pay of an officer looks meager enough when you scrutinize the pay tables. For instance, a captain rates only \$2,400 a year. Your laboratory technician may earn more than that. But the pay tables also reveal cash allowances that are just as negotiable as base pay. They're better, in fact, because these allowances are not taxable. And that's not all. The triennial pay increment (the "fogeys" of 5 per cent every three years) snowballs into a respectable amount of money too. In twelve years, the officer's pay has increased 20 per cent even if he has not had a promotion. And since he probably will have had at least a one-grade boost by that time, the increase is even greater. For instance, the jump from captain to major brings a 25 per cent raise, and the added "fogeys" pile another 20 per cent on top of that. After twelve years, therefore, the net boost in pay is over 40 per cent.

These are *visible* features. Not so evident are a number of perquisites that may spell the difference between constant worry about making

ends meet and an assured and adequate income.

First, consider the lower cost of living. The fact that you buy ham for 40 cents a pound in the corner butcher's and for 29 cents a pound in the post commissary may seem too trivial to mention. But is it? If you spend a fourth of your income on food, and if you buy it in Army facilities at a 25 per cent saving, you enjoy, in effect, a 6 per cent increase in your pay. The Regular Army Officer does most of his day-by-day purchasing in commissaries, officers' clubs, and post exchanges—always paying substantially less than his civilian colleagues.

How about family protection? If you die in service, your wife gets a gratuity amounting to six months' pay. In the case of a major with twelve years' service, this totals \$1,800. In civil life, such an amount of additional insurance would cost about \$25 a year.

Besides the gratuity, you also enjoy lower basic costs for National Service Life Insurance and for that provided by the Army Mutual Aid Association. Nor does invisible income end there.

Savings in income taxes are substantial. For instance, a captain with a wife and two children pays an annual tax of about \$184, because of the non-taxable status of much of his income. A civilian with the same income pays a tax of approximately \$509. If the war-time \$1,500 deduction allowed Army personnel were made permanent, the captain would pay only a \$10 tax!

The Regular Army officer also gets a free annuity. If not disabled, he retires at age 60 (or after 30 years' service), collecting three-

fourths of his pay, including the "fogeys," for the rest of his life. Normally, on reaching that age, the Regular Army medical officer has attained the grade of lieutenant-colonel or colonel. The lieutenant-colonel's retirement pay is \$375 a month for life. This is equivalent to the proceeds of an annuity fund of around \$100,000. If you were to undertake such a program as a civilian, age 25, your annual premium would amount to more than \$1,500 a year. The Regular Army medical officer gets it for nothing, which means, in substance, an increase of more than \$1,500 in his annual income.

If the Army doctor should at any time become disabled he draws full retirement pay for life. What would a noncancellable health and accident policy cost to provide that coverage! The ordinary policy, paying only \$300 a month for about a year and then ceasing, costs about \$100 annually.

In the following table, only the readily computable items are included. No allowance is made for the fact that a medical officer's basic insurance is cheaper, nor for the fact that he is spared the cost of hospital bills or premiums on hospital insurance.

When you consider these items, the "real" income of an officer with dependents is even better than indicated. After twelve years' service, the major's base pay is only \$3,600, according to the book. But here is what he really gets:

Base pay .....	\$3,600
Allowances .....	2,020
Annuity equivalent .....	1,500
Income tax advantage .....	400
Added life insurance .....	25
Cost-of-living savings .....	500
Health and accident coverage .....	100

'Real' income ..... \$8,151

And it's all net!

—WILLIAM HENDERSON, MAJOR, M.C.

## Piercing Pay-off

During my early days, when a patient was a rarity and I didn't know where my next month's rent was coming from, a middle-aged woman was referred to me by the local druggist. Frail and nervous, she arrived at my office accompanied by her husky young daughter.

"Ma needs an operation," the daughter announced, and then, before I could get a word in, she began to question me about my background and experience. Modestly I set forth the facts about my medical schooling, internship, and hospital experience. When I finished, mother and daughter held a whispered conference, finally informing me that they were satisfied.

"And now," I said, envisioning a fee big enough to pay two months' rent, "just what sort of trouble is Mother having?"

"Oh, she's not sick," the daughter replied. "She just wants her ears pierced for earrings."

—SIMON C. FRANK, M.D.

## Heated Driveway Strips Avert Snow Blockade

*Simple, low-cost installation  
has 6-year success record*

The garage was at the foot of a rather stiff grade from the street level. Consequently, after a snow-storm it took a lot of doing to get the car up the driveway; even with chains on the wheels spun and dug themselves in. And a shoveling job was only temporarily effective in a continuing fall of snow.

Like many people, Joseph C. Keaney, Pittsburgh engineer, had toyed with the idea of an automatic snow removal system. Finally, fed up with shoveling, he set out to design one that would be practical, not too costly to install and operate, and capable of melting the average fall of snow about as fast as it came down.

What he did was to install an outdoor hot-water heating system in the roadbed. The installation set him back about \$500; fuel costs are less than \$2 a year; and repair bills, so far, have been nil. For six winters now, the idea has worked successfully.

The job meant (1) tearing up the two existing concrete ribbons, each 24 inches wide; (2) laying two runs of 1½-inch wrought iron pipe, 8 inches apart, on the gravel fill of each ribbon; (3) joining the pipes at the sidewalk end; (4) installing an instantaneous gas-fired water heater in the garage and a control box in the kitchen; (5) replacing the driveway ribbons with new black-top surfacing.

Keaney's driveway is approximately 110 feet from the curb line to the garage door. Its downhill

grade is equivalent, over that distance, to fourteen steps on a staircase.

In the winter of 1944-45, the heater was used for a total of six hours, at a fuel cost of \$1.50. It has melted, in two hours, a fall of fifteen inches—from a cold start. If it is turned on when snow begins to fall at the rate of 1 inch an hour (about average), it keeps the ribbons completely clear. Generally, after a storm, Mr. Keaney can turn on the control when he sits down to breakfast and have a clear driveway when he has finished. Air currents evaporate the melted snow.

To prevent the pipes from freezing when the system is not in use, the engineer adds anti-freeze to the water supply.

Any plumber, it is claimed, can install such a system. Wrought iron



*Let it snow! Hot-water pipes under the driveway strips keep them clear.*

pipe is suggested because of its proven performance record in the ground; other metals are apt to corrode easily. In addition, wrought iron is readily bent and welded, and has an expansion coefficient practically identical with concrete—thus minimizing stresses caused by temperature changes.

Any conventional hot-water heater may be used—either a gas-burner or one that is run by fuel oil or coal. The small flash-type heater (such as is commonly employed for domestic hot-water heating) is usually economical; but a storage-tank unit would be impractical, since it couldn't heat water fast enough for a snow-melting system. A short driveway, it is said, might be heated adequately by a take-off from a

home-heating unit of the hot-water type.

Another Pittsburgher, Dr. Ralph G. Fabian, has installed a hot-water system under his entire driveway, which is, in effect, a small, paved yard between a two-car garage, built into the basement of the physician's home, and the street. The grid of wrought iron pipes, through which hot water from a special boiler circulates, melts snows as fast as it falls, and water running down the 15 degree incline is caught in a shallow trench and carried off to a sewer opening.

Although the system operates at relatively low temperature, an air vent is connected to the highest point to prevent any possibility of air lock.

—NEIL A. MAHER



"IT'S A RADIO SURVEY. THEY WANT TO KNOW WHAT  
YOU'RE LISTENING TO."

## Osteopaths Score While Physicians Squabble

*Implication for all doctors  
seen in Maine situation*

U.S. osteopaths, in their invasion of medical practice, have overrun much of the physician's territory during the last four years. And the invasion has proceeded with little successful resistance from organized medicine.

Best clinical example is the State of Maine. An analysis of the gains osteopaths have made there, and an answer to the query, "How do they do it?" has intimate implications for American practitioners everywhere.

Maine has a Board of Osteopathic Examiners whose chairman declares that his state has more osteopaths per capita than any other state in the union. The osteopaths swarmed into Maine, not because of its salubrious sea and mountain air but because of its healthy legal climate. Maine laws give osteopaths the right "to use such drugs as are necessary in the practice of surgery and obstetrics, including narcotics and anesthetics." On birth certificates, commitment papers, and other documents, an osteopath's signature has the same validity as one followed by the letters "M.D." Osteopaths are authorized to use the prefix "Dr." and state-aided hospitals are required to permit them to send in and treat their own patients in their own manner.

The war has favored their cause in several ways: Since most osteopaths were ineligible for medical commissions, there was not the same Procurement and Assignment Service pressure on them as on M.D.'s.

About a fifth of Maine's physicians answered the call to the colors; and their patients, finding regular practitioners already overburdened, often turned to the osteopath because no one else was available. Finally, most doctors of medicine, being busy and prosperous, were disinclined to carry on any intensive fight against non-medical practitioners. Thus osteopaths, not only in Maine, but all over, were beneficiaries of the ill wind of war.

But the war accounts only for the recent boom in osteopathy; it can not explain how D.O.'s attained their previously well-entrenched position. To know the score on that, one must ask first, how they wangled so much favorable legislation.

Osteopaths are harmoniously organized and make full use of every technique in the lobbyist's bag of tricks. Their societies are well staffed with lawyers, legislative representatives, and public relations experts who know the ropes. Where the M.D. takes the attitude, "This technical health question must be left to the doctors; you laymen cannot understand," the osteopaths bring the public right into the hearing room with them.

They do not waste energy and whip up hostilities by empty and violent charges of "communism" and "regimentation" and "fascism." They simply tell legislators: "We are a group of healers trying to help the public; here is a batch of satisfied patients. Let them tell you how they would have been robbed of their health if you had had this restrictive law." One of their effective methods has been this technique of sending to the state capitol a swarm of enthusiastic patients



as living testimonials to clamor for or against proposed legislation. To the law-makers, this looks—and sounds—like the beating pulse of democracy, a veritable peoples' lobby.

Physicians are shocked at such tactics and feel that Hippocrates would turn over in his grave if they ever brought patients into a legislative hearing room. Yet the osteopaths' method pays off when the roll-call sounds. That such tactics will continue to get results if organized medicine sits as a bystander at legislative sessions was indicated by Dr. Adam P. Leighton, speaking before the Maine Medical Association in June 1944. He characterized the inactivity of his society in the following words: "They threw up their hands and stated that there was no fear of competition; and by vote of this Association, it was decided that no longer would we appear at Augusta and attempt to fight what might be adverse legislation. Therefore not one word of medical opposition was heard when the Osteopathic Bill was presented for hearing."

Having attained a healthful legislative climate, the osteopaths' next step is to *promote* their cult. They use billboards, booklets, newspaper publicity, and radio. At least seven osteopathic radio programs are now on the air waves. The AOA's monthly "Osteopathic Magazine" and other periodicals for the laity feature the names and pictures of prominent patients, give plausible and interesting explanations of the effectiveness of osteopathy, and include convincing editorials. Vigorous campaigns are waged to place material in the public press too. Illustrative of this effort was a picture

in the New York Sunday News of Dec. 16, 1945, with a caption reading: "Thomas Borcus enthusiastically breaks ground for an addition to the Chicago Osteopathic Hospital. A former Naval flying cadet, Borcus entered the hospital almost totally blind, came out with sight virtually restored."

Compared with this kind of human-interest copy, the regular medical society's releases on "Take your Baby to the Doctor Every Six Months" or "Health Insurance is the Wedge to Collectivism" seem pretty insipid. But since giving publicity to cures and names of prominent patients is forbidden by medical ethics, the osteopaths have a clear, competitive advantage.

Osteopaths also exploit their very defects. If an unnecessary operation is performed on a physically healthy person, it is almost certain that the patient will recover. And if the osteopath has told him that his condition was serious, the patient will certainly conclude that the operation saved his life. Result: one more enthusiastic convert.

Osteopaths have long recognized the usefulness of hospitals to the promotion of their business. The nine osteopathic hospitals in Maine are well filled with patients, most of whom are scheduled for or have already had "osteopathic operations." The hospital lends the practitioner an aura of scientific profundity, gives the illness an aspect of seriousness, and serves as concrete embodiment of the glories of osteopathy.

Nor do osteopathic hospitals seem to have much trouble recruiting a staff of registered nurses. They pay well and give the nurses superior status and responsible work. M.D.'s

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complain that it is "disloyal" of nurses to accept employment in an osteopathic hospital. But since regular medical societies seldom do anything about upping the pay or professional status of this generally underpaid profession, these medical protests against "disloyalty" tend to fall on deaf ears.

The doctor of medicine often finds himself lost in a semantic fog when it comes to explaining the osteopath to the public. Many a layman believes that an osteopath is an M.D. who has specialized in pains in the joints, nerves, and muscles. Physicians have not succeeded in dispelling this delusion, and osteopaths certainly are not going to make the correction.

Even when the M.D. must define his own status, he may bog down. If he calls himself an *allopath*, the word suggests to the layman just another cultist. If he distinguishes himself as a *non-osteopathic physician*, the lay inference may be that he is lacking in some skill or some aspect of training. If he underlines the "doctor of *medicine*," people may assume that, by contrast, the osteopath is a "doctor of surgery"; or they may say, "My doctor is an osteopathic *physician*. Why quibble?"

The present osteopathic beach-head on medical territory has some particularly disturbing implications for the future. So far, the most serious inroads have been made in rural areas. If M.D.'s continue to flock to cities and towns, they abandon the farms and villages to the cultists by default. It is, however, more serious than that. For if osteopaths flourish increasingly in rural areas, they will certainly extend their activities. What happens at the grass

roots has considerable weight in legislative centers. For instance:

The recently enacted H.R. 4717 (setting up a Medical Department in the Veterans Administration) puts osteopaths *on a par with M.D.'s*. This bill, passed without a single dissenting vote, says that a candidate for appointment in the V.A. medical service "must hold the degree of doctor of medicine or of doctor of osteopathy. . . and be licensed to practice medicine, surgery, or osteopathy in one of the States. . ." What's more:

In the interpretation of the G.I. Bill of Rights, all accredited osteopathic colleges are on the approved list, so that veterans may attend such institutions with tuition and subsistence paid by Uncle Sam. This spells a certain amount of Federal recognition for the osteopaths, and represents a considerable advance in their status under the U.S. Employees Compensation Act. In that act, the term "physician" is defined to include "osteopathic practitioners within the scope of their practice as defined by state law." But H.R. 4717 is free of any such limitations.

Even now the G. I. Bill of Rights is being used to help pump more osteopaths into the ranks. At the same time, organized osteopathy is lending a hand by collecting a loan fund with which to attract impecunious young men who would like to enter one of the healing professions. This fund is made possible by soliciting contributions from the public as well as from practicing osteopaths, the laity being told that their contributions will help a veteran get a college education. The AOA even issues green and red Christmas seals, the sale of which, it is announced, will "help worthy stu-

dents complete their education in colleges of osteopathy."

The score to date seems to be several runs, several hits, and no errors, favoring the osteopaths. What M.D.'s can and will do when they get their innings is still to be answered. In general, M.D.'s ignore the osteopaths while osteopaths actively criticize the M.D.'s. The cultists point out in their literature to the laity, for instance, that "non-osteopathic physicians are not trained to discover and correct structural abnormalities" and that "the ordinary M.D. seeks merely to relieve pain while the osteopath gets at the root of the disorder by correcting the basic anomaly."

Whether more basic science laws would help is a moot point. Some physicians urge them on the thesis that the average osteopath can not pass such an examination and thus would be barred from practice. Others point out that of 1,438 osteopaths who took basic science examinations in seventeen states in a several-year period up to 1944, some 57 per cent passed them; this, they say, indicates that basic science laws may actually serve as a route whereby more than half the osteopaths could get into full practice by the back door.

The suggestion that osteopaths be met with their own weapon of high-pressure promotion and publicity is usually rejected as beneath the dignity of the profession. More acceptable is the educational campaign directed at legislators with a view toward revoking the wide privileges now enjoyed by osteopaths or blocking further extension of their activities. Medical men to date have had an uneven record of success in influencing legislators.

But the legislative know-how can be learned, as some state medical societies have demonstrated.

—WILLIAM H. MORRISON, M.D.

## Warns on Investments in Medical Buildings

*Many are financial failures, cautions Western society*

Doctors with spare dollars in the bank and an itch to invest in the construction of a professional building—either an office structure or a hospital—are cautioned by the Los Angeles County Medical Association to step warily. Noting that a dozen or more office buildings are in the planning state locally, and conceding that the office shortage would seem to make them profitable investments, the association says editorially, "We would be willing to wager our last shirt that not all of them will be."

How to appraise such an investment? The association offers this yardstick:

1. Is the location right? Population tends to shift, and what is today an excellent residential area may become—before a building has been amortized—a low-rent, down-at-the-heels district.

2. If the doctor-tenants move out can the building be converted to other uses? Office buildings as a rule are not suited to change-over; there are too many partitions, too much plumbing and other impediments which waste space.

3. Is the building large enough to be economical? Cleaning, heating, and repairing must be attended to regularly; a building too small to warrant a service staff may be unprofitable.

4. Will a competent manager be in charge? If not, and if too much of the doctor-owner's time is required in operating the building, he may find it increasingly difficult to attend to his professional duties. Building managers don't go fishing when their space is rented; constant attention to minor items is needed for efficient maintenance.

The building of a private hospital presents even greater pitfalls, warns the association. While endorsing warmly the expansion plans of established institutions, and urging support of them, it declares that new, private building by physicians and groups is too often "an idea run wild, a glorious opportunity to overtired coronaries."

For one thing, it says, the 15-to-25-bed hospital is not an efficient size. Food—a major item—cannot be purchased economically, for the account will probably be refused by a responsible wholesaler.

"Building codes specify special and expensive installations for hospitals, so that construction costs are excessive. Further, hospitals are undeniably just that, and are not easily shifted to other purposes. Hence, what is spent in the extra features

and safeguards of construction may not be recoverable."

Even with construction completed, says the association, the physician-investor cannot relax. It recalls that one Los Angeles hospital completed a 35-bed addition several months ago, and has been unable to open it due to lack of competent personnel.

"Nurses," it adds, 'are still hard to find and harder to keep. In a small establishment, the absence of one worker may disrupt the entire organization. Worries persist even when one manages to secure what he fondly hopes will be a permanent staff. Floors need polishing. Nickel must be kept bright. Draperies and decorations become dusty. Wash-basins won't stay unplugged by themselves. And have you tried recently to hire a competent housekeeper?"

"It seems to us that the physician with a few thousand extra dollars would do better to *give* his money outright to one of our hospitals. He'd then know exactly how much he had put in, whereas, with his own hospital, he may find that what he thought was an investment was merely a down payment."

## Object Lesson

*W*e internes had had an especially busy day in the delivery room. Toward evening, therefore, proud new fathers began to appear in the corridors. One of them, hailing me, brought to mind a healthy, red-headed boy born but an hour before. "Congratulations," I said, all smiles. "That son of yours is certainly the dead image of his father. Cutest little rascal I've seen in a long time!"

The man paled. Swallowing hard, he replied, "You've made a mistake, Doctor. Our baby was the one born dead."

—WILLIAM A. ANDERSON, M.D.

## Adequate Care for All Via Health Center System

*Pink sees extension of care without regimentation*

A health plan for the State of New York, to be administered locally through cooperative efforts among state, municipal, and voluntary agencies, has been advanced by Louis H. Pink, president of the Associated Hospital Service of New York, to the state Commission on Medical Care. The commission was appointed a year ago by Governor Thomas E. Dewey to investigate the adequacy of medical care in the state and to make recommendations for remedial legislation.

While advocating a voluntary solution to the problems of health care, Mr. Pink also sets forth a supplementary plan, "if compulsion should prove to be necessary," by which employers would provide for medical and hospital care through insurance organizations, as under the existing state workmen's compensation law.

The voluntary health plan, which is based on the Health Center Bill sponsored by the late Governor Alfred E. Smith and rejected by the state legislature in 1920, would necessitate an amendment to the state public health law to provide for a State Health Commission composed of the Commissioner of Health, Commissioner of Mental Hygiene, Commissioner of Social Welfare, and five citizens, including at least two physicians, to be appointed by the Governor.

The suggested powers and obligations of the commission are outlined by Mr. Pink in a fifteen-point program which calls for the estab-

lishment and maintenance of regional health centers throughout the state, to be financed jointly by grants-in-aid from the Federal Government, from state and local governments, and from civic and voluntary agencies.

Each health center, to consist of existing hospitals, laboratories, and diagnostic clinics, plus essential new institutions and services, would provide headquarters for city or local health officials, diagnostic services, and voluntary public health, medical, nursing, and welfare agencies.

Facilities would be available to all people in the health center district, regardless of ability to pay. Appropriate charges would be made to persons able to pay part or all of the cost of examination, care, and treatment.

The health centers, in cooperation with existing institutions, would be responsible for developing more effective measures for the prevention, treatment, and control of tuberculosis and other preventable diseases. Medical research and education would be encouraged. Provision would be made for the establishment of state scholarships on a competitive basis in medical schools, periodic refresher courses for practicing physicians, financial assistance to qualified physicians willing to practice in rural areas, and for the encouragement of public nursing units, psychiatric clinics, and dental clinics in primary and grade schools.

Each health center district would be administered through a board of managers appointed by county or city officials under the supervision of the State Health Commission.

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entire community can be fully successful," warns Mr. Pink, "if it is based on the general practitioner alone; the panel system in Great Britain is proof of that. On the other hand, those enthusiasts of group practice who seek to throw the family doctor into the discard and depend entirely upon a group of practitioners banded together for professional purposes would sacrifice the intimate relationship and the trust and confidence which a patient should have in his physician if he is to get the most effective care and help. The state-wide plan provides the ideal opportunity for a sound partnership between the general practitioner and the group. A series of health centers properly spaced throughout the state would give tremendous impetus to the specialties, such as X-ray and pathology, and to research and progress in every direction."

Since many of the objectives of the legislation proposed by Governor Smith have since been recommended by leaders in the medical field, says Mr. Pink, a similar bill, if brought up to date, would probably receive considerable medical support today. His plan, he believes, provides the groundwork for the extension of medical care without regimentation.

"It brings together state and local government health officials and private agencies," he declares, "including many national and local organizations whose work will be greatly enlarged and strengthened by unified effort. Local interest and control are emphasized and each community is challenged to do its best in its own way."

According to Mr. Pink both labor and industry are profiting by the

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### Handitip

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## Typing on Tape

If you want to type on adhesive tape that will serve as a label, place the tape on the glossy side of a used photographic film, which will slip easily into the typewriter. Afterward, it is quite easy to strip the tape off.

—M.D., UTAH

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growing tendency of employers to provide health services for their workers and to contribute part or all of the costs.

"If broad provision is made for an extension of preventive medicine," he says, "and if medical and hospital care of high quality is available to people in all walks of life, much less will be heard from the advocates of state medicine or compulsion in any form.

"A plan providing health centers and all necessary medical care in communities where they are needed, coupled with the growth of voluntary hospital and medical plans and insurance protection, would be so effective that compulsion might cease to be an important public issue. Interest would be centered in coordinating all public and voluntary health agencies in a united effort for the greatest good of the community."

Mr. Pink believes that if some form of compulsion should be necessary as a supplement to his health center plan, a law similar to the compensation law for protection against industrial accidents should be enacted to include hospital and medical care for the employe and his family. This could be done, he says, without disturbing the exist-

ing pattern of medicine, voluntary effort, and local control. Under the proposed legislation employers would be required to divide the cost of medical protection with the state for employes with family incomes under \$2,100, and to divide the cost with employes where the family income is under \$3,500. Members of families with combined earnings of more than \$3,500 would be expected to make their own arrangements for protection against medical costs.

"Some extremists," he concedes, "will undoubtedly object to the extension of the compensation machinery because it does not take in self-employed, domestics, farmers, and others. But this is true even of Social Security which is compulsory and which is supported by a tax upon employers and employes."

It is Mr. Pink's opinion that no compulsory plan would prove necessary if the proposed health center plan were functioning efficiently throughout the state and if all the forces in the community were united to offer improved hospital and medical care to all, regardless of financial status.

"At any rate," he declares, "enrichment of medicine should precede compulsion. We must have adequate hospital and medical facilities before we can vastly enlarge their use.

"If it is finally determined that compulsion is necessary, the compensation idea has many advantages over other suggested compulsory plans for it does not interfere with existing medical or hospital methods of local initiative and control, nor does it create a system of state or socialized medicine. It would preserve freedom in the practice of

medicine as well as the voluntary hospital system. Both have contributed greatly to the health and welfare of the nation."

## Medical Surplus Disposal Explained for Doctors

*Non-veterans must buy from established dealers*

[EDITORS' NOTE: The following article reflects official policy. It was prepared expressly for readers of this magazine by the Surplus Property Administration.]

About \$20 million worth of surplus Government property of interest to physicians and surgeons was available in Federal inventories at the turn of the year. Leading the list were surgical and medical instruments (except diagnostic) worth \$4,741,000 and hospital equipment worth \$4,338,000.

These and other items being declared surplus each day may be purchased by physicians and health institutions in a number of ways. For instance, physicians coming out of the armed forces may purchase under a veteran's preference, which is lower only than the priority granted Federal and local government agencies by the Surplus Property Act of 1944. This preference entitles honorably discharged veterans to acquire surplus property directly from Federal disposal agencies for use in establishing their practices.

Except in the case of special priority and preference holders prescribed in the act, surplus property must be sold through established channels of trade. Thus, it is necessary for physicians not buying as

veterans or in behalf of non-profit, tax-exempt institutions to purchase through their regular dealers. Surplus medical equipment and supplies reach dealers through sales conducted by the Reconstruction Finance Corporation's Consumer Goods Division. Dealers who purchase such surpluses must resell them under existing price ceilings.

Now how about the veteran who would take advantage of his higher priority and buy direct? Under the Surplus Property Act a veteran is defined as anyone who has served in the Armed Forces since September 16, 1940 and who has been honorably discharged. Those on terminal leave as well as those on inactive duty or final furlough are also eligible.

Such a physician-veteran takes his discharge papers or other proof of separation to the nearest RFC office. There he is certified as being a veteran and is informed just where the surplus items in which he is interested are located. In most cases this will be the nearest RFC Consumer Goods Office, from which he

will then make his purchase.

In addition to buying for their own use, physicians will be interested in the special preferences now granted non-profit institutions. Two types of these institutions, educational and public health, may purchase goods at a discount of 40 per cent from their "fair value." Others may purchase at the "fair value," or for the lowest price charged at any trade level (which in most cases is the price charged the wholesaler).

At this writing, health, educational, and non-profit institutions are buying direct from the disposal agency, except in the case of a complete installation, such as a hospital with all its equipment, or in the case of property which is in short supply and is the subject of a special sales program (orders for goods falling into either of these two categories must first be cleared by the Federal Security Agency).

Declarations of surplus items have been less numerous than anticipated. However, the Army has arranged a monthly schedule of an-

## Trunk Line

The office was crowded with patients. The telephone had been ringing all day. By late afternoon, I was mentally and physically exhausted.

Again the phone rang—right in the middle of a difficult chest examination. I left the patient, hurried to the phone, talked for ten minutes with a troublesome patient, finally hung up, and got back to the examining room.

Where was I? Oh, yes—chest examination. The nurse handed me my stethoscope. I placed it on the woman's chest—and pleasantly said, "Hello!"

The nurse's laugh could be heard in the next county.

—H. W. GARTON, M.D.



anticipated declarations for the next six months and this list will be publicized.

## Schools, Colleges That Train Medical Aides

*A list of those offering courses in medical office procedure*

One way to obtain a competent office aide is to apply to schools which train them. The quality of such training varies greatly, some courses being extremely sketchy, others quite comprehensive. But you can quickly learn—at the cost of a phone call or a 3-cent stamp—whether the school nearest you can or cannot supply an assistant to meet your specifications. Following are the names and locations of schools which have informed MEDICAL ECONOMICS, in a recent survey, that they are currently instructing young women in medical office work. This list supplements two articles on the location and selection of medical office assistants, which appeared in the December and January issues.

**ALABAMA.** Snead Junior College, Boaz.

**ARKANSAS.** Little Rock Junior College, Little Rock.

**CALIFORNIA.** Lux College, San Francisco; Reedley Junior College, Reedley; Salinas Junior College, Salinas; Santa Monica Junior College, Santa Monica; Zweegman School for Medical Secretaries, San Francisco.

**CONNECTICUT.** Larson Junior College, New Haven.

**DISTRICT OF COLUMBIA.** Georgetown Visitation Junior College, Washington.

**FLORIDA.** Palm Beach Junior College, West Palm Beach.

**GEORGIA.** Junior College of Augusta, Augusta; Middle Georgia College, Cochran.

**ILLINOIS.** Centralia Township Junior College, Centralia; Gregg College, Chicago; Herzl Junior College, Chicago; Morton Junior College, Cicero; North Park College, Chicago; Thornton Junior College, Harvey; Wright Junior College, Chicago.

**IOWA.** Graceland College, Lamoni; Waldorf College, Forest City.

**KANSAS.** Hutchinson Junior College, Hutchinson; Coffeyville Junior College, Coffeyville; Dodge City Junior College, Dodge City.

**KENTUCKY.** Nazareth College and Academy, Nazareth.

**MAINE.** Westbrook Junior College, Portland.

**MARYLAND.** Catherman's Business School, Cumberland.

**MASSACHUSETTS.** Lasell Junior College, Auburndale.

**MICHIGAN.** Grand Rapids Junior College, Grand Rapids.

**MINNESOTA.** Duluth Junior College, Duluth; Northwest Institute of Medical Technology, Minneapolis; Rochester Junior College, Rochester; Virginia Junior College, Virginia.

**MISSISSIPPI.** Southwest Mississippi Junior College, Summit.

**MISSOURI.** Hannibal-La Grange College, Hannibal; Miss Hickey's Training School for Secretaries, St. Louis.

**MONTANA.** Northern Montana College, Havre.

**NEW HAMPSHIRE.** Mount



Saint Mary College, Hookset; Colby Junior College for Women, New London.

NEW JERSEY. Bergen Junior College, Teaneck; Centenary Junior College, Hackensack; Essex County Vocational and Technical High School for Women, Newark; Fairleigh Dickinson Junior College, Rutherford; Newark Preparatory School, Newark; Rider College, Trenton.

NEW YORK. Adelphi College, Garden City; Cazenovia Junior College, Cazenovia; Packer Collegiate Institute, Brooklyn; Interboro Institute, New York; Edgewood Park, Briarcliff Manor; Paine Hall, New York; Eastern School for Physicians' Aides, New York; Mandl School for Medical Assistants, New York; Manhattan Medical Assistants School, New York.

NORTH CAROLINA. Brevard College, Brevard; Lees-McRae College, Banner Elk; Louisburg College, Louisburg.

OHIO. Dr. Brown's School for Technicians, Columbus.

PENNSYLVANIA. Hershey Junior College, Hershey; Keystone College, La Plume; Peirce School of Business Administration, Philadelphia.

RHODE ISLAND. Edgewood Secretarial School, Edgewood.

TENNESSEE. Tennessee Wesleyan College, Athens; Martin College, Pulaski; Ward-Belmont School, Nashville.

TEXAS. Hardin Junior College, Wichita Falls; San Antonio Junior College, San Antonio.

VERMONT. Vermont Junior College, Montpelier; Green Mountain College, Poultney.

VIRGINIA. Averett College, Danville; Stratford College, Danville.

WEST VIRGINIA. Beckley College, Beckley.

## Waiting Patients Enjoy Free Movie Program

*Buffalo M.D. revamps reception room, shows assorted films*

Patients were beginning to complain about waiting. True, there was a war on—and a doctor's inability to keep up with the rush was generally understandable. But two and three hours are long stretches in a reception room, and Dr. Harold B. Johnson, Buffalo physician, realized that something had to be done to relieve his patients' boredom.

"Nearly everybody likes the movies," Dr. Johnson figured. "Why not a private show for waiting patients? I could soundproof the waiting room, put in a projector and a screen, and give them free entertainment—Bing Crosby, Donald Duck, newsreels, and so on."

Some two years ago, Dr. Johnson launched his idea—and has never regretted it. His little "auditorium" seats about twenty-five, and every afternoon finds ten or fifteen patients enjoying a full-length program (which is changed weekly).

Some patients, of course, are called away in the middle of a picture when the doctor is ready to see them—and for this reason Dr. Johnson likes to show as many short subjects as possible. These newsreels, travelogues, and animated cartoons generally take about eight minutes each to run off. Films—16 mm. home-movie size—are rented from a local distributor. Weekly rental costs average about \$8. Renovation

of the waiting room and cost of the projector represent an investment of about \$400.

A nurse handles the projector. Reels have to be changed only about once an hour (several short features are combined in a single reel); hence, the work does not seriously interfere with professional duties. When each reel is completed, the room lights and a radio are automatically switched on, and the audience listens to a broadcast until the next reel begins. When the switch is thrown the other way, the lights dim, the radio shuts off, and the movie show resumes.

Children are the most voluble fans, but grown-ups also like the idea—men and women about equally well. "I wouldn't say it has brought me any appreciable number of new patients," says Dr. Johnson, "but that wasn't and isn't my intention. I merely want to keep those who have to wait from getting fidgety and nervous. The movie show usually takes their minds off their ailments much better than reading matter could do. Those who would rather read, however, can do so quietly in one of the private offices. The waiting room is

thoroughly soundproofed, so the sound track isn't audible elsewhere in the suite. Nobody has to sit through a film he doesn't want to see or has already seen."

Currently, arrangements are pending with the state health department for showing a series of educational shorts on public health subjects. Industrial shorts, furnished free by the Jam Handy Organization, New York, are also shown from time to time.

As might be expected, Dr. Johnson has had to take a bit of good-natured kidding from his physician-friends, but no serious criticism have been registered. Nor have local movie exhibitors objected, since the show is a wholly private affair.

According to Dr. Johnson, the idea has appealed to several doctors. One, located in Canandaigua, N.Y., some thirty miles away, has recently installed a projector in his office and is offering similar programs.

Thus far, Dr. Johnson has given little thought to television; until such time as good programs become available in the Buffalo area, he'll stick to movies, he says.

—GARLAND BURTON

## He Could Sit Down, Anyway!

In the clinic at our county hospital, the 79-year-old cardiac patient asked me for a more liberal supply of digitalis. His record showed two hospital admissions for acute decompensation, and he was being maintained on one cat unit of the drug daily. I asked him why he wanted more. Wheezily, he explained that it was difficult for him to come in for refills, since he lived twenty-three miles back in the hills where there was neither bus nor train service nor neighbors to drive him to town. "Then how do you get here?" I asked. "Bicycle," he said simply.

—WALTER A. ROHLFING, JR.

# HANDBOOK

Returning to civilian practice? Then you'll want a copy of the "Demobilized Doctor's Handbook." Here are 60 pages of practical, down-to-earth information on problems you'll be meeting from day to day. The handbook was compiled expressly for returning medical officers by the editors of MEDICAL ECONOMICS, and is available at cost. To order your copy, use the coupon.

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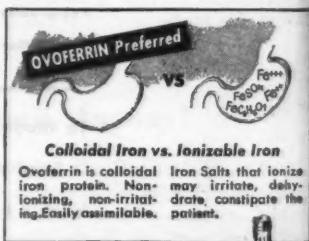
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## More Schools Teaching Medical Economics

*Business side of practice winning wider interest*

Twenty years ago only two Class A medical schools in the U.S. were giving courses in medical economics. By 1930, the number had increased to six; by 1937, to ten. Today—according to an inquiry just completed by this publication—at least thirty-six schools (about half the approved institutions) offer instruction of some kind in the subject.

Fourteen of the thirty-six have separate, comprehensive courses dealing with the business aspects of practice; six others cover the subject by means of special lectures; the remaining sixteen recognize its growing importance in a variety of ways—usually by informal classroom instruction in connection with courses on public health, medical jurisprudence, ethics, orientation to practice, and so on.

Some thirty schools have yet to decide whether instruction of this nature should be inaugurated in the post-war re-arrangement of courses. Presumably the step is being considered by a fair majority. "Will if qualified instructor can be found," says one dean. "Will if need is shown," says a second. "Now under

discussion," reply several. "Excellent idea; all in favor of it if we can find the time and the space," reports still another.

Where the subject is omitted entirely, the chief reasons given for its exclusion are (1) present curriculum overcrowded and (2) lack of teachers. Only one dean, G. Lombard Kelly, University of Georgia School of Medicine, is openly antagonistic to such instruction, and he expresses a sentiment that has all but vanished since the early 1920's, namely, that medicine *has* no business side.

Generally speaking, the courses are given during the students' senior year—and usually to all seniors. But in one school at least, formal study of the subject begins in the junior year.

Up to thirty-three hours' instruction is offered between matriculation and graduation in the schools that have formal courses. In most cases, however, the time varies between ten and fifteen hours.

As far as is known, the first lectures on medical economics ever delivered to U.S. medical students were given at the Long Island College of Medicine in 1915. The lecturer: Dr. H. Sheridan Baketel, now a professor emeritus of that institution and editor-in-chief of *MEDICAL ECONOMICS*.

## Neat Trick . . . If Done

One busy afternoon I filled a bottle of tonic for a male patient, slapped on a label from a drawer full of ready-written ones, and sent him on his way. Two days later his wife brought the tonic back, saying her husband refused to take it. When I opened the package I knew why. The label read: "Insert one at night. Use a douche in the morning."

—E. E. HOLT, M.D.



## a new advance

The development of Proloid marked a great forward stride in thyroid therapy.

Proloid is *biologically* standardized as to actual metabolic potency . . . obviating the usual necessity for sole reliance on iodine content to determine potency.

Proloid is recommended wherever U. S. P. thyroid is indicated—in the same dosages. The Maltine Company, New York. Established 1875.

**PROLOID** the improved thyroid

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## Mothers in Uniform

*This domestic drama of the future suggests that even in Utopia the old ways cannot be made new overnight. It is reprinted, in answer to repeated requests, from the issue of April 1939.*

It is 1950. The "new era of medical practice" has just dawned for the American public.

It has also dawned for the Brown family.

The Browns are a hardworking, healthy lot. None of them has been sick for years until one day Junior, an impetuous youngster, indulges his fondness for immature apples.

Mr. Brown phones Dr. Roberts, who delivered the boy and knows his organic weaknesses. Dr. Roberts explains the new system to Mr. Brown and tells him to call the local office of the Federal Medical Bureau.

A nice young woman listens to Mr. Brown's story, asks where he works and if he has his Sickness, Accident, and Death card. Mr. Brown says he has his Social Security card, his birth certificate, a driver's license, his marriage certificate—in fact, a whole batch of cards given him by Government inspectors during recent years. The nice young woman then says the S.A.D. card is blue and has a red border, and Mr. Brown says yes, he remembers now. That's the card he never could find a use for.

The young woman asks him to get the card and read her the number on it. Mr. Brown hunts through his desk, empties the clothes ham-

per, looks through the medicine cabinet, even rifles his wife's purse. An hour later Mrs. Brown finds the card in his wallet. Over the phone he reads the number (2,348,769) to the young woman, who says she will check her files and call back.

Meanwhile Junior is doubled up on the bed, moaning and insisting he is about to die. Mrs. Brown gives him some castor oil and Junior feels so sick he shuts up.

A couple of hours later, Junior begins to show improvement. The nice young woman calls back to say that Mr. Brown apparently is registered with the FMB and that she has sent Dr. Carruthers.

Mr. Brown asks who Dr. Carruthers is and the young woman says he is in charge of adolescents in Mr. Brown's neighborhood. Mr. Brown remarks that Junior is feeling better and he'd like to ask Dr. Roberts to stop by to look at him later. The nice young woman replies that it would be irregular, but if Dr. Carruthers thinks a consultation is necessary it might perhaps be arranged. Mr. Brown says, "Don't bother."

Dr. Carruthers takes Junior's temperature, feels his stomach, leaves some pills, and then asks Mr. Brown to fill in his report. Mr. Brown looks at the sheet the doctor gives him, sits down at the dining-room table, and begins to answer the questions. He has forgotten his S.A.D. number, so Mrs. Brown goes upstairs for his card.

He fills in his name, address, and phone number. Then he answers the questions about where he works, how much he earns, how long he has lived in the city, the nature of the illness (Mr. Brown explains in a marginal note that it is Junior

WITH YOUR

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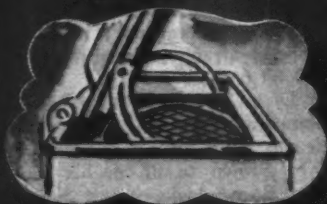
● THE PELTON NON-DRIP STERILIZER COVER. Steam will always condense on the inside of your sterilizer cover. But, when you lift the cover, your Pelton's condensed steam will run down INTO THE STERILIZER, not behind it or on the floor.

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who is ill), and the date of his marriage.

Eventually, Junior recovers; and in a few months the Browns forget the incident. Then Mrs. Brown begins to suspect she may be pregnant.

She calls Dr. Roberts, who explains that he won't be able to handle the case but, in view of their old friendship, will sneak in now and then to pay her a visit. She thanks him and asks how babies are born under the new system.

"Well, it's rather complicated," Dr. Roberts tells her. "You go first to the Federal Medical Bureau and get an application. Then you go to the Maternity Hospital for an examination. If pregnancy is confirmed, you register with the Maternity Bureau, Division 4. A doctor will be assigned to you and,

*A*needotes

1 MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request. Address Medical Economics, Rutherford, N.J.

after you have filled out the proper forms, he will tell you when to come to his office."

"Not like the old days," Mrs. Brown muses.

"It isn't against the law, is it?" Mrs. Brown asks.

"No, pregnancy is still legal. Just a little complex."

Mrs. Brown sails through the

## HOW MUCH WILL THE PATIENT TOLERATE?



Astable, aqueous (1.21%) solution of resublimed iodine, largely in organic form. Contains no glycerin or alcohol. Available on prescription in 2-oz. bottles through all pharmacies.

THE "unknown quantity" in iodine therapy is the ever-present factor of tolerance by the patient. The threat of iodism or intoxication which looms every time iodine is prescribed, not infrequently materializes, necessitating immediate discontinuation of therapy when potassium iodide or Lugol's solution is employed. When Amend's Solution is used as the source of

### Amend's SOLUTION

iodine, the danger of adverse reaction is virtually eliminated. Containing iodine loosely bound to a protein, Amend's Solution maintains a plateau blood iodine level, in contrast to stormy blood level fluctuations characteristic of other iodine sources. Thus the presumed mechanism of reaction is eliminated. Amend's Solution is specifically indicated whenever iodine is called for.

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**COOKS TO FULL FLAVOR  
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(NO RAW STARCH) IN 5  
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**SAME FLAVOR, SAME  
GRANULATION THAT  
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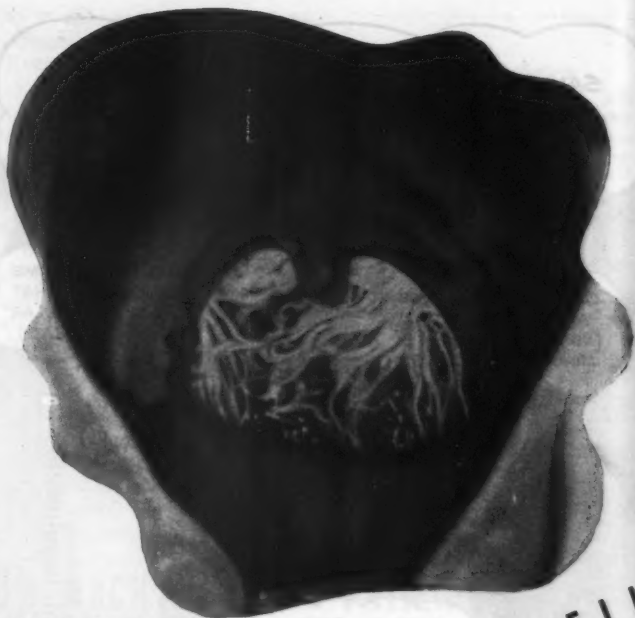
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BRAN PARTICLES !**

**...AND IT'S BABY'S  
BEST FIRST  
SOLID FOOD !**



"CREAM OF WHEAT" AND CHEF TRADEMARKS REG. U. S. PAT. OFF



Illustrated is the sulfathiazole-frosted pharynx of patient A.K., two hours after Paredrine-Sulfathiazole Suspension had been instilled intranasally.

WHY SUCH RAPID RELIEF

TO OBTAIN BEST RESULTS... the sore throat patient should not eat or drink fluids for one or two hours after instillation of Paredrine-Sulfathiazole Suspension. He should also make every effort to reduce nose-blowing and throat-clearing to a minimum.

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# IN SORE THROAT?

There are two important reasons why Paredrine-Sulfathiazole Suspension—when administered intranasally—is so successful in the treatment of acute nasopharyngitis:

1. Part of the Suspension remains beneath the middle and superior turbinates—and, mixing with sinus drip, retards the proliferation of bacteria before they reach the nasopharynx and intensify the infection.
2. Part of the Suspension drifts downward over the nasopharynx, forming a fine frosting on the nasopharyngeal mucosa. This thin blanket not only keeps producing a bacteriostatic solution at the site of infection, but also appears to provide marked surface analgesia.

**PAREDRIINE-SULFATHIAZOLE SUSPENSION**

vasoconstriction in minutes

bacteriostasis for hours

preliminary examination with colors flying. She is assigned to a Dr. Lyon who has just been transferred from an eye, ear, and throat clinic in Valley Center, Iowa, Bureau 6, Division 7, Section 2.

Dr. Lyon is awfully pleasant. He asks about Mr. Brown's work. He tells how he started out to be an architect but his friends persuaded him to get into medicine because the income is steadier now that the Government has taken it over. All in all, Mrs. Brown discovers, Dr. Lyon is a delightful person to talk to—but he doesn't seem much concerned about her condition.

"Oh, they've got it down to a science," he tells her when she asks him whether the baby is placed right. "No trouble at all. Of course, I won't handle the delivery. That's

in Dr. Smithers' department. But you won't have a bit of difficulty."

Once in a while Dr. Roberts stops by in the evenings and examines her. He frowns and gives her some iron tablets and halibut oil. He asks if Dr. Lyon has said anything about the baby's position. She says he hasn't. He frowns again.

In the eighth month Mrs. Brown begins to worry. She goes to see Dr. Lyon regularly, and he is consistently cheerful, chatty, and non-committal. One day he is particularly happy. She asks him if he has just come into some money. "No, I'm just going home to Iowa," he replies.

It seems there has been a mistake. Washington has just learned that the wrong Dr. Lyon has been sent to the Maternity Hospital.

"There were two of us in Valley

## The use of CHARCOAL for MINOR GASTRIC DISORDERS

**I**N modern practice, charcoal is widely used to combat flatulent dyspepsia, intestinal fermentation and postprandial discomfort due to gastric hyperacidity. The therapeutic absorption of gases, toxins and other irritants is a purely physical accomplishment. *No chemical reaction takes place.*

Requa's Charcoal Tablets have been preferred since 1879. Each RCT contains 13 grains of soft wood charcoal in a special binder. This binder enables an RCT to dissolve on the tongue almost immediately. RCTs are acid free and do not require purification from irritating calcareous salts such as phosphates and carbonates. Patients find these tablets tasteless, odorless, economical.

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There has long been a real need for a potent, mercurial diuretic compound which would be effective by mouth. Such a preparation serves not only as an adjunct to parenteral therapy but is very useful when injections can not be given.

After the oral administration of Salyrgan-Theophylline tablets a satisfactory diuretic response is obtained in a high percentage of cases. However, the results after intravenous or intramuscular injection of Salyrgan-Theophylline solution are more consistent.

Salyrgan-Theophylline is supplied in two forms:

**TABLETS** (enteric coated) in bottles of 25, 100 and 500.  
Each tablet contains 0.08 Gm. Salyrgan and 0.04 Gm. theophylline.

**SOLUTION** in ampuls of 1 cc., boxes of 5, 25 and 100;  
ampuls of 2 cc., boxes of 10, 25 and 100.

Write for literature

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Center," Dr. Lyon tells her, laughing. "I thought at the time they meant the other, but I couldn't say anything. By a coincidence the right Dr. Lyon was in Bureau 6, Division 7, Section 2, of the Maternity Hospital there but his commission came to me at the Eye, Ear, and Throat Hospital."

Mrs. Brown smiles wanly at the mistake, but that night she and Mr. Brown are worried. They call Dr. Roberts. He looks her over, tries to be cheerful, and calls the Maternity Bureau.

"I know it's irregular," the Browns hear him say on the phone, "but it's imperative. I don't give a damn what Washington is going to say. This woman has to be taken to the hospital. Never mind how I got on the case. Sure I'll take the responsibility."

When the ambulance comes Dr. Roberts and Mr. Brown have to sign papers. They have some difficulty finding a notary public to witness the signatures, but they manage to reach the hospital only a few hours after Dr. Roberts' telephone call.

There they sign some more papers and an interne takes Mr. Brown's fingerprints.

Next morning Dr. Roberts gets a telegram from Washington. He tears it up, threatens to fight the Government representative in charge of the hospital, and finally stages a sit down strike in Mrs. Brown's room. Mr. Brown smuggles in sandwiches and coffee.

The Government man says the whole thing is a deplorable departure from routine and that Washington will be furious. Washington

# Thantis Season

WINTER-TIME is the season of throat affections.

Thantis Lozenges are especially effective in relieving these conditions, because they are anesthetic and antiseptic for the mucous membranes of the throat and mouth. The active ingredients dissolve slowly in the mouth, providing continuous soothing medication of the area.

Thantis Lozenges contain Merodicein (H. W. & D. Brand of Diiodooxymercuriresorcinulfonphthalein-sodium), 1/8 grain, and Saligenin (Orthohydroxybenzyl-alcohol, H. W. & D.), 1 grain. They are effective, convenient and economical.

Thantis Lozenges are supplied in vials of twelve lozenges.

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**COPPERIN INCREASES  
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OVERCOMES SECOND-  
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Before Copperin appeared, massive iron doses were inflicted on the anemic. Most of the iron was not utilized. The excess, excreted fecally, produced gastrointestinal irritation and upset—thus defeating the original purpose of the clinician.

Copperin represents a scientific conception of iron needs in secondary anemia. The iron content per capsule is small — 32 mgm. — but wholly adequate. The potent catalytic agent, copper sulphate, makes ALL the iron

available for regenerative processes.

There is rapid replacement of hemoglobin and new red cells. This is markedly manifested in treating the hypochromic anemia of children; the "milk anemia" of infants; hemorrhagic anemia following blood donation; pregnancy anemia; chlorosis and anemia of middle aged women.

In two strengths: Copperin "A" for adults; Copperin "B" for children.

*Professional samples  
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**COPPERIN  
WATER-SOLUBLE  
NON-CONSTIPATING**

is. The day the baby is born a special agent from the main office arrives at the hospital by plane, glowers at Dr. Roberts, shakes hands absently with Mr. Brown, and says he intends to get to the bottom of this scandalous and disorderly business.

The newspapers send feature writers and the press associations arrange with the telegraph office for the issuance of hourly bulletins. They set up headquarters in the corridor just outside Mrs. Brown's door and play pitch. Once they invite Mr. Brown to sit in on the game. He loses \$5 before he discovers they aren't playing draw poker.

The Washington agent has Dr. Roberts arrested, but a lawyer friend gets him out of jail on a habeas corpus writ. The Washington

man says he thought the Government had suspended that damned foolishness long ago and he will speak to a friend of his when he gets back and see that it doesn't happen again.

Mrs. Brown asks if she can see the baby, please; and the Washington man says he will call the main office about it. One of the reporters offers Mrs. Brown \$5,000 for her life story, and a photographer climbs up on the washboard to get a different perspective. He falls and breaks his collar bone. Mrs. Brown is quite upset and asks again if she can see the baby.

Finally, one of the reporters bribes an attendant to sneak the baby into Mrs. Brown's room so his photographer can get the first picture of the two together. It costs him \$100 and his paper says \$25

## BAUER & BLACK O. P. C.\* SUSPENSORY



### Note These Other O. P. C. Features

- 1 **Seamless Pouch.** Elastic knit for firmer support, greater comfort. Elastic around opening for comfort.
- 2 **Leg Bands.** Placed at exactly the right points for full support of scrotum, regardless of patient's position. Ample stretch for comfort.
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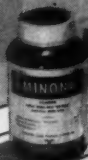
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NATIONAL'S ANSWER to the rapidly-increasing demand for potent, palatable amino acid preparations. Alone, and in combination with vitamins and minerals, suitable preparations containing amino acids are proving themselves in everyday practice. Each of these *new* products fills a need . . . You'll find them of immediate use in *your* practice.

**AMINOVITE** provides amino acids, B Complex factors and minerals. Palatable. Indicated as a general dietary supplement.

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*Contains:* (per fluidounce) Protein Hydrolysate, 5%; Liver Conc. (1:20), 5%; Liquid Yeast, 5%; Carbohydrates, 35%; Alcohol, 10%; Iron and Ammonium Citrates, 4 gr.; Thiamine Hydrochloride, 8 mg. In 4 oz., 8 oz., pt. and gal. bottles.



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\*FOURTEEN SYMPTOMS  
DROP 72 PER CENT

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14 symptoms a 72 percent drop in symptoms (certainly a great improvement). 100% of the people reported improvement in all 14 symptoms.

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During a six-month test period two HEXA-HARRIS Tablets were taken by each worker daily. A steady decline (72 per cent) in irritating symptoms was reported while a smaller (but inconsistent) drop was observed in the control and placebo groups.

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Critical study of deficiency diseases indicates that natural source material such as yeast is preferable in treatment of B-complex deficiencies. HEXA-HARRIS Tablets are prepared from dried, specially cultured yeast (brewers' strain) and extract of corn processed with *Clostridium acetobutylicum*. Each tablet is triple-coated for potency protection and pleasant taste.

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of HEXA-HARRIS Tablets and literature.

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would have been plenty.

Dr. Roberts gets a telegram from Washington forbidding him to practice until his case is heard by the Board of Inquiry and Adjustment of Major Medical Disputes. The Washington man puts the baby's footprints and fingerprints on the special form designed for disputed births. He says he thinks it will be possible to release the baby in another month or so and until then it will be all right for Mrs. Brown to feed it—a consideration which he had overlooked until Dr. Roberts called it to his attention.

Meanwhile, one of the reporters becomes engaged to Mrs. Brown's night nurse and his colleagues throw a party to celebrate the romantic interlude. The noise keeps Mrs. Brown awake and the man from Washington says he'll call out

the National Guard if they aren't quiet. So they give him a drink—and then another. Soon he forgets the National Guard and in a loud baritone sings, "Genevieve, Sweet Genevieve." Mrs. Brown says his voice is terrible.

Next day the Government agent says he thinks he has straightened things out and will go back to Washington. Mrs. Brown says she is sorry she had the baby, and if she'd known it was going to put the Government to so much trouble she would never have even thought of it. The man from Washington says it's all right; after all, that's what the bureau is for. "More babies, more business," he chirrup, holding a wet towel to his head and trying to grin.

Mr. Brown says he'll lose his job because of the publicity. His boss

## AN IMPORTANT *Therapeutic Team* IN **RESPIRATORY AFFECTIONS**

The effectiveness of HYODIN (formerly Gardner's Syrup of Hydriodic Acid) in stimulating bronchopulmonary membranes to effect secretion and liquefaction of mucus has made it an iodine preparation of choice to provide systemic relief in: Influenza, bronchial dyspnea, chronic bronchitis, common cold, grippe, unresolved pneumonia and pleurisy. HYODIN is a colorless . . . most palatable . . . well-tolerated . . . less toxic . . . and highly stable iodine preparation for use whenever internal iodine medication is indicated. Each 100 cc. contains 1.3—1.5 Gm. hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in ½ glass water ½ hr. before meals. Available: In 4 and 8 oz. bottles.

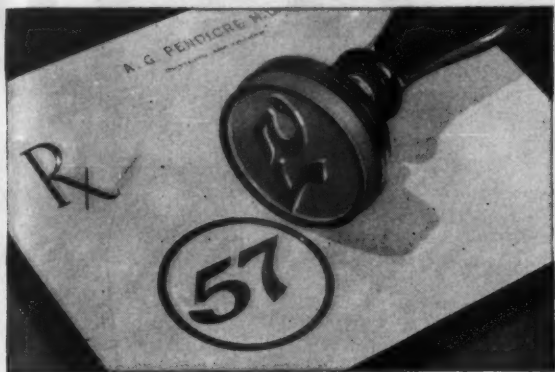
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**HYODIN**  
*for Systemic  
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**SYRUP AMMONIUM**  
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*for Local Relief*

— an efficacious demulcent expectorant often employed as an adjuvant to HYODIN. Its efficiency in soothing local inflammation, and diminishing the cough by making it more productive and less fatiguing — without the use of opiates or sedatives — qualifies it as an ideal preparation for local treatment of many conditions in which HYODIN is indicated. Each 30 cc. contains 1.05 Gm. of ammonium hypophosphite (2 gr. in 4 cc.). Dosage: 1 to 2 tsp. p.r.n. Available: In 4 and 8 oz. bottles.

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To doctors as well as mothers throughout the nation, the 57 symbol is an assurance of outstanding quality, uniformity and flavor in Baby Foods—Strained Foods and Junior Foods.

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**ANTISPASMODIC AND SEDATIVE  
IN CONVENIENT TABLET FORM**

Indicated in an unusually wide range of spastic disorders, including pylorospasm, hyperchlorhydria, intestinal irritability and renal colic, dysmenorrhea, anuresis, Parkinson's disease, vomiting, pregnancy—and other manifestations.

1. NON-TOXIC
2. NON-NARCOTIC
3. RELIABLE ACTION
4. ECONOMICAL

AVAILABLE in bottles of 100 tablets. Each tablet contains 0.1 mg. of chlorzoxazone, 0.1 mg. of atropine, and 0.1 mg. of phenobarbital. Approximate dose: 1 to 2 tablets 3 or 4 times a day.



# NATAL

## Relief from Spasm

Donnatal provides safe and effective treatment for the relief of smooth muscle spasm. Besides having all the advantages of natural belladonna alkaloids, Donnatal possesses a particularly outstanding advantage—it is non-toxic and the addition of phenobarbital affords mild, non-narcotic sedation.

In marked contrast to the galenicals, Donnatal's precise formula assures reliability of action.

Moreover, Donnatal costs about half as much as synthetic preparations—even less than tincture of belladonna and elixir of phenobarbital. For the relief of smooth muscle spasm . . . prescribe Donnatal.

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# DONNATAL

DEPENDABLE SMOOTH MUSCLE SPASM RELIEF

# A MODERN ISOTONIC COLLYRIUM

**MURINE** is a *buffered, isotonic* solution, and can be used without fear of irritation to the conjunctiva or cornea. The pH of the Murine formula, approximately 8.0, together with the isotonicity of the tears, fulfills all the more modern desiderata of a collyrium in that it is soothing, cleansing, and non-irritating.

The ingredients contained in the Murine formula are: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastine Hydrochloride, Sterilized Water, and "Merthiolate" (Sodium Ethyl Mercuri Thioisocyclate, Lilly) .001%.

Boric Acid is advantageously used in a low concentration (1.4830). A higher percentage, in combination with the other salts present, would cause Murine to be hypertonic to the eye and therefore lose its soothing effect and produce symptoms of mild congestion and irritation.

The ingredients, Potassium Borate and Potassium Bicarbonate, are mildly alkaline and serve as a detergent and mild astringent. They act synergistically with Boric Acid, which is mildly antiseptic.

Glycerine is used for two specific purposes: 1—it adjusts the Murine solution to the exact isotonicity of the tears; 2—it keeps the conjunctiva moist.

Berberine serves a very useful purpose. It has been known for many years that the alkaloid Berberine in alkaline solutions is an effective therapeutic astringent on inflamed and catarrhal conditions of the mucous membrane. The therapeutic effect of Berberine on mucous membrane is supplemented by Hydrastine Hydrochloride. To the above, a 1% solution of 1-1000 of "Merthiolate" is added since it was found by practical experimental research in our laboratory that this solution was sufficient to inhibit mold growth.

The method of compounding these previously mentioned ingredients eliminates all side reactions together with the formation of any unlooked-for chemical realignment, thereby guaranteeing the true and unadulterated percentages of the formula as a final product.

The formula of Murine is in keeping with the dictates of all the recent desirable factors necessary in a collyrium: it is isotonic with the tears, it is a truly buffered solution, it includes mild but effective astringents, and a preservative. This all makes for a soothing, cleansing and still uniquely therapeutically effective preparation for minor irritations of the eye.

**THE MURINE COMPANY, Inc.**  
660 NORTH WABASH AVENUE, CHICAGO 11

tells him he doesn't want any radicals working for him, and if he doesn't like this country to go back where he came from. Mr. Brown was born in Vermont.

When the baby is four months old, the Browns move to Russia. They get a quiet little place in Leningrad. Dr. Roberts lives next door.

—WEARE JOHNSON

## Your Catholic Patients

*Some practical suggestions  
for non-Catholic M.D.'s*

To afford solace is the prime duty of every doctor. Since many sick persons find solace in their religious sacraments, it is incumbent on the physician to respect these rites and facilitate their practice. The non-Catholic doctor will better serve his patients of the Roman faith if he is familiar with the sacraments concerning birth, death, and the emergencies of life.

### BAPTISM

While baptism is ordinarily the function of a priest, Canon Law authorizes the performance of the rite by any person, Catholic or non-Catholic, "in cases of necessity."

Such cases include the delivery of a baby whose chance of survival is not good in situations where no priest is available. The Church prefers that the rite be performed by a man rather than by a woman, so that the obstetrician is often expected to conduct a baptism. The sacrament includes an intent to effect the baptism, the use of natural water, and the articulation of certain words, which may not be varied.

These words are: "I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost." The

THOS.

# IN *Rheumatoid* AFFECTIONS

---



Local measures play an important role in the therapy of such rheumatic affections as arthritis, arthralgia, myositis, and bursitis. Through active hyperemia, reparative processes are hastened and disposal of metabolites is encouraged. Thus pain is relieved, and a sensation of local warmth adds further to the patient's comfort. Baume Bengué, through the influence of its menthol and methyl salicylate, provides the type of local therapy needed in rheumatoid affections. An appreciable amount of its salicylate is absorbed percutaneously, augmenting the influence of systemic measures.

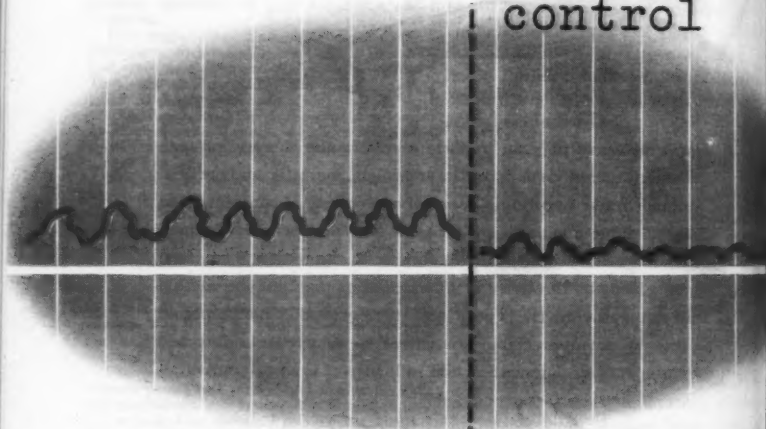
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The cramps  
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# DYSMENORRHEA

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control



*Menstruating uterus, human:  
cramp-like contractions  
with tetany and acute pain.*

*Same uterus, after adminis-  
tration of Pavatrine.  
The contractions are of  
considerably less amplitude,  
and the hypertonic state  
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Intrauterine balloon tracings reveal that Pavatrine has a morphine-like action in counteracting the tetanic contractions of essential dysmenorrhea. Symptomatic relief is afforded during the period of spasmolytic effect.

**PAVATRINE**  $\beta$ -diethylaminoethyl fluorene-9-carboxylate-hydrochloride is a safe, non-narcotic antispasmodic agent. Pavatrine is unique in its combined *neurotropic* and *musculotropic* action on painful smooth muscle spasm of the uterus, gastrointestinal tract and urinary bladder.

**INDICATED IN:**

- Dysmenorrhea due to myometrial hypertonicity or excessive uterine contractions.
- Gastrointestinal Dysfunction—gastric, pyloric, duodenal, colonic spasm.
- Urinary Bladder Spasm—in cystitis, instrumentation or tenesmus.

*Pavatrine is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois*

**SEARLE**

*Research in the Service of Medicine*

words must be pronounced while the water is being poured, or at least immediately before or after. If possible the water is poured on the head, but in the case of an incompletely delivered baby whose subsequent viability is doubtful, the presenting part of the infant should be baptized instead.

If the mother dies during pregnancy, the fetus—if possibly or probably viable—is extracted and baptized after the membrane has been broken. This is also true of an abortive fetus. Intra-uterine baptism is permissible if there is no likelihood that the child will be born alive. Then a syringe should be employed to pierce membranes and the baptism performed by a competent physician.

#### OPERATIONS

A Roman Catholic patient should be afforded the opportunity of seeing a priest before entering the operating room. This is true even in emergency operations. Procedures which impair fertility should not be performed on Catholic patients without complete understanding by the patient of all the implications and sequelae. And even then, not unless there is a clear and duly recorded medical necessity for the operation.

Operations for the purpose of effecting sterility are forbidden by Canon Law, though the Church does not object to procedures essential to life which have the incidental effect of causing sterility;

as would be the case in the removal of a bleeding, ruptured uterus. If there is any canonical ban on the removal of a diseased organ, an operation is necessary. Hence the tube, if diseased, may be excised during ectopic pregnancy.

When called to attend a Catholic patient in a serious accident or emergency, the physician should see to it (if no one else has done so) that a priest has been called.

#### THE DYING

In Catholic hospitals, placement of a patient's name on the "Critically Ill" list usually effects the timely appearance of a priest at the bedside of the Catholic patient. If a Catholic patient is dying at home or in a non-Catholic institution, the physician should expedite the summoning of a priest. There is no obligation on the M.D. to tell the patient that he is dying, but this information should be transmitted in good time to responsible members of the family who will themselves send for a priest. While Holy Communion is generally not received if the subject has eaten since the previous midnight, this rule is waived when application of the Rites is involved. Even if the patient appears to be dead, a priest should be summoned, since Extreme Unction may be administered up to four hours after the usual signs of death have appeared.

—JOHN F. MAHONEY

EDITOR'S NOTE: The non-Catholic physician who has frequent

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**MUSCULAR ACHES**  
 AND PAINS...

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It also constitutes a desirable hemostatic agent to aid in the control of excessive bleeding. And, as an oxytocic, it is frequently of benefit in facilitating involution of the postpartum uterus.

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#### INDICATIONS

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

**Dosage:** 1 to 2 capsules, 3 to 4 times daily.

**Supplied:** In ethical packages of 20 capsules.

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casion to treat Catholic patients find much of interest and help in book, "The Catholic Doctor," Father A. Bonnar, published 1938 by P. J. Kenedy & Sons, New York.

## Diagnostic Service Aid Middle-Income Group

*Johns Hopkins \$35 work-up also boon to doctors*

The ailment is obscure. The family physician needs—and wants—diagnostic assistance. But the patient neither eligible for admission to public clinic nor able to finance series of private consultations. "Why isn't something done, then, to make a complete diagnostic service available to the average citizen and to his middle-income patient, the doctor may ask.

Something has been done—in a few isolated spots. One noteworthy example is the program of the Johns Hopkins Diagnostic Clinic in Baltimore.\* Established in 1928, it provides a comprehensive diagnostic service—yet operates on a self-supporting basis at a flat fee of \$35 per patient.

This over-all fee covers everything incident to diagnosis except board (available, during hospitalization at semi-private rates) and except such procedures as refractions and adjustment of diabetic diets.

In offering a complete diagnostic service which people of moderate means can afford, the Baltimore clinic (1) avoids competition with the private practice of specialists

\*Somewhat similar plans are successfully operated at Mount Sinai Hospital, New York; at the Mayo Clinic, Rochester, Minn.; and at the Joseph H. Pratt Diagnostic Hospital, Boston.



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(2) assures the return of patients to referring physicians; and (3) provides fair compensation for staff consultants.

That the service is popular is indicated by its use: In the fiscal year 1944, some 200 physicians referred about 2,500 patients to the clinic. Around 700 came from points outside the Baltimore area—some from as far away as Florida, New England, and western Pennsylvania. These figures represent capacity use of present facilities; and clinic officials believe that current demand is so great that twice as many patients would make use of the service if additional facilities were available. Plans to provide more space and personnel are now in the making. Meanwhile, appointments are being made four weeks in advance.

Only ambulant patients are ac-

cepted, and these only on referral by a physician. Eligibility is subject to income ceilings: \$2,500 a year for individuals, \$3,500-4,500 for families of from two to five persons. Occasionally an exception is made to these ceilings—particularly if the patient has already incurred considerable expense seeking medical help. Children under 14 are examined by special arrangement with the pediatrics department. Thus far the service has been limited to white persons.

Patients with incomes above ceiling limits are generally referred to private consultants who are not members of the hospital. Thus persons who have come from distant points, only to find themselves ineligible for clinical service, are spared some disappointment.

No treatment of any kind is given

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GRAY'S COMPOUND is a palatable bitter tonic and digestant which stimulates appetite and aids in the assimilation of necessary foods; it also aids in relieving coughs due to common colds. Optimum nutrition gives impetus to the physician's special therapy and speeds recovery in respiratory and other conditions.

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FOR DETECTION OF SUGAR IN THE URINE

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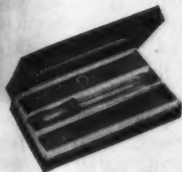
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COLOR REACTION IMMEDIATELY



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**VAGINAL SUPPOSITORIES  
1:1000**

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**"Esthetically Correct"...** Neat in appearance; nonstaining and clean to handle; correctly designed for easy insertion; pliable consistency prevents local irritation or discomfort; each suppository protected in an individual carton. These factors encourage consistent home medication by even the most fastidious patient.

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# **MERRELL**

THE WM. S. MERRELL COMPANY  
CINCINNATI, U. S. A.

at the clinic. Recommendations made in report form to the referring physician after diagnosis has been established; and the doctor is urged to seek whatever clinic advice is wished in carrying out the recommended treatment. No medical information, either oral or written, given to the patient unless his physician specifically requests that it be done.

Since some patients (about 10 per cent) take it upon themselves to come to Baltimore without referral by a doctor, the clinic finds it necessary to turn them over first to a member of the Johns Hopkins visiting staff—for physical examination and referral to the clinic. After diagnosis, the patient is sent back to the examining physician—who sums up the case and forwards all recommendations for treatment to the patient's home-town doctor. Thus are the ethical regulations of the clinic carried out.

In regular referrals, the routine is as follows: (1) determination of eligibility by outpatient registrar; (2) physical examination by a clinic internist, who orders urinalysis, routine blood tests, etc., and who determines what further consultations are indicated; (3) examination by the other specialists—each of whom may order further tests, X-rays, etc.; (4) a daily check of all reports by the assistant medical director—with whom the patient takes up any questions as the procedure progresses; (5) further examinations, if the patient requests some procedure not deemed necessary by the internist and is willing to pay an additional fee for the service; (6) final report and recommendation for treatment by the medical director, who furnishes the



### CASE HISTORY

White male, age 62. Severe bilateral swelling of lower extremities, with cellulitis and thrombophlebitis of right leg. Responded to 50,000 units. Penicillin administered intravenously daily every 3 hours with recovery in 5 days.

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...local infections such as cellulitis due to hemolytic streptococcal infections—with or without bacteremia—respond rapidly and dramatically to Penicillin. Usual dosage of 15,000 to 20,000 units is advised. Intravenous injection of an isotonic sodium chloride solution follows, allowing administration of 15,000 units every hour, or 125,000 to 200,000 units in a twenty-four hour period. If this method found inadvisable, 50,000 to 100,000 units may be

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\*Kocher, Wilbur et al. New Clinical Guide to Penicillin, 2nd Edition, 1950 (New York, 1950).

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patient's physician with a copy of the entire history of the various examinations. Additional copies (if the patient wants to distribute them among several physicians) are furnished at \$2 each.

Throughout the case work-up, every effort is made to give each patient the same individual attention he would receive in a private office.

The average case requires three or four consultations, plus one to three visits for X-rays, electrocardiograms, etc. The entire procedure is usually completed in four to six days. Out-of-town patients who cannot afford hotel bills are referred to moderately priced quarters in the neighborhood.

The clinic does not have separate quarters but makes use of the outpatient facilities of the Johns Hopkins Hospital. Proper scheduling eliminates any conflict with the regular dispensary patients. Diagnostic service sessions are held during the afternoon hours, with admission by appointment only. Referring physicians may make the appointments by mail or telephone. They are not expected to accompany the patient but may do so if they wish. Few come.

The medical staff numbers about fifty doctors. In addition to the director and his assistant (both salaried), these consultants are on call: ten internists, five otolaryngologists, four gynecologists, three orthopedists, four general surgeons, three ophthalmologists, two dentists, and some twenty other specialists.

Remuneration of doctors is made monthly. Net clinic outcome—after deduction of all operating costs—is divided among the consultants on

1921  
...a deci  
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It's e  
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a time-worked (or "doctor-session") basis. For each two-hour session, consultants last year averaged about \$12. About \$19 of the usual \$35 fee goes to meet operating costs of the clinic, about \$16 goes to the consultants.

Operating costs include salaries of the director, assistant director, nurses, technicians, secretaries, registrars, etc.; drugs and medicines; X-ray films; administrative supplies; new equipment; a portion of the expense of the various laboratories used; and general overhead (laundry, heat, light, janitor service, etc.). The clinic pays no rent.

The auxiliary staff numbers four nurses, two technicians, two secretaries, and a messenger to escort patients around the hospital. Some of the secretarial work is handled by the history-room staff and the outpatient registry.

Steady growth of the clinic is reflected in these figures: In its first year it handled only about 300 patients, grossed around \$10,000; now its patients number 2,500 annually, and gross income is close to the \$90,000 mark. The program had its origin in a 1928 grant by the Carnegie Foundation.

The Johns Hopkins Diagnostic Clinic is believed by its sponsors to be at least a partial answer to the often-heard claim that "Only the very poor and the very rich have access to scientific medicine." In any event, the program has, in recent months, aroused increased interest

among hospital and medical leaders in various parts of the country, and several programs along similar lines are said to be under consideration.

—HARRY W. BLAKELIGHT

## Emergency Surgery vs. Legal Technicalities

*Court says good judgment, not fear of lawsuit, must shape procedure*

While courts have held that "every person is the sole master of his body, and the surgeon or physician who invades it without authority is responsible for damages," they also recognize the fact that there are times when good judgment requires an extension of treatment beyond the point expressly authorized by the patient. The following case is illustrative of that reasoning:

A man engaged Dr. A to give his wife prenatal care. Later, she complained of pains in the lower right abdomen and of nausea. Dr. A made a diagnosis of tubal pregnancy and called in a surgeon, Dr. X, for consultation. The latter, after examination, confirmed the diagnosis and advised an immediate operation. The patient agreed to it.

Upon opening the abdomen, the surgeon found that he and Dr. A were mistaken in their diagnosis and that the pregnancy was normal. However, he found an acutely inflamed appendix, which he removed. The patient recovered un-

Lifetime  
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STANDARD FOR BLOODPRESSURE



"Some Grievs Are Medicinable"

... Cymbeline act III, scene II

Many patients stricken with grief over misfortune or bereavement develop abnormal reactive depressions... differentiated from normal depressions of mood by their inordinate intensity and stubborn persistence. With these patients, Benzedrine Sulfate therapy is often dramatically effective. In many cases,

## Benzedrine sulfate

(racemic amphetamine sulfate, S.K.P.)

### tablets and elixir

will break the vicious circle of depression, renew the patient's interest and optimism, and restore his capacity for physical and mental effort.

Smith, Kline & French Laboratories, Philadelphia, Pa.



eventfully, had no more pain, and in time was delivered of a normal child.

However, the husband declined to pay Dr. X's fee for the operation on the ground that he had removed the woman's appendix without her consent, had done more than he was authorized to do, and had, in effect, committed a trespass or assault on his wife.

The court, in its decision, threw out all technicalities and discussed the case with great common sense:

"What was the surgeon to do? Should he have left the woman on the operating table, her abdomen exposed, and gone in search of her husband to obtain authority to remove the appendix? Should he have closed the incision on the inflamed appendix and subjected the patient, pregnant as she was, to the danger of a general spread of the poison in her system or to the alternative shock of a second, independent operation to remove the appendix? Or should he have done what his professional judgment dictated and proceed to remove the offending organ?"

"This is not a case where a patient was rendered barren. On the contrary, her fetus was not disturbed and she achieved mother-

hood in a normal manner. Nor was she crippled or otherwise mutilated. On the contrary, the operation was a success, and she is forever relieved from the fear and danger of appendicitis.

"To accept the defendant's view we would have to deny that it was an emergency and declare a rule which would tend to make every surgeon litigation-conscious instead of duty-conscious. . . . This we decline to do. We hold the law to be that in case of emergency a surgeon may lawfully perform, and it is his duty to perform, such operation as good surgery demands even when it means extending the operation further than was originally contemplated.

"The law should encourage self-reliant surgeons, and not men who may be tempted to shirk from duty for fear of a lawsuit. The law does not insist that a surgeon shall perform every operation according to plans and specifications approved in advance by the patient and carefully tucked away in his office safe for courtroom purposes.

"We do not attempt to . . . define the type of emergency which will create implied consent in every case; that is a question for the jury or, as here, for the judge who sits

## PRESSURE-BANDAGE TREATMENT OF BURNS

To the mechanical benefits of pressure-bandage technique, add the definite superiority of VITAGUENT (Nason's) Cod Liver Oil Ointment. It reduces probability of infection, diminishes the general intoxication present in burn or wound areas, stimulates granulation and epithelization, diminishes pain of dressing.

*Physician's Sample on request*

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**VITAGUENT**

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CASTLE "673"



A touch of the toe on the Castle oil-check foot-lift raises the boiler cover easily and smoothly . . . to lock in the open position. Toe-tip pressure on the foot release brings the cover down silently . . . and securely to insure safe, certain sterilization. Completely foot-operated, it leaves the hands free and prevents hand contamination.

This lift has a true hydraulic oil-check, found only on Castle Sterilizers. It is just one of the many features that make Castle the best buy in sterilizers today. Wilmot Castle Co., 1143 University Ave., Rochester 7, New York.

## *Castle*

## LIGHTS AND STERILIZERS

as trier of the facts. Here we hold only that on the showing made, authority was born of the emergency and conferred upon the surgeon the legal right to proceed as he did."

—ELTON J. BUCKLEY, LL.B.

## Chiropractors Fall Out on Education Question

*NCA wants four-year course;  
founder Palmer, 30 days*

Chiropractic has had to face the truth: The long struggle with state basic science laws has been a losing one. In the last two decades, 367 candidates took basic science examinations in states which require them, and 264 (71 per cent) were turned down.

Nor is chiropractic agreed on how the situation should be faced; as a matter of fact, it is hanging on a little dilemma of its own making. One horn is the National Chiropractic Association or, more properly, its educational director, John J. Nugent. He has decreed a four-year course in NCA-approved schools and is campaigning for state laws establishing that as an educational minimum. The other horn is a faction headed by the "granddaddy" of chiropractic, B. J. Palmer. He insists that a "good" school can turn out a practitioner in thirty days. But the Palmerites know their cause is a hopeless one.

Nugent has told chiropractors in

pretty blunt fashion how they stand in public esteem: "The fact is painful and most obvious, but the chiropractor is not accepted on the same plane with other professions, and the reason is that we lack the cultural and educational background which even the laborer expects to find in a professional man."

Palmer flatly disagrees: "I have said, and I repeat, give me a person with a simple mind that thinks along single tracks, that can do straight thinking—give me thirty days to instruct him in a few correct and efficient methods, and that man can go forth and get more sick people well than the best, most complete, all around, unlimited 4-to-9 years of medical education of any medical man who ever lived.

"Basic-science legislation, gradually on the increase in recent years, has seriously killed our numerical birthrate. . . . This situation is solely the fault of a weakness of that portion of our profession who lack chiropractic education and sincerity of conviction. . . . who deliberately set forth to steal medical principles and practices which they had no right to professionally steal, and which they were professionally incompetent to use once they did. . . ."

Palmer reminds his colleagues that the number of chiropractors has fallen off 50 per cent in ten years and that the situation is worsening. The reasons: (a) chiropractors are dying or retiring; (b) state after state is establishing basic-sci-

## RESINOL

A physician's formula—of inestimable aid in treating eczema of infants. Quickly allays itching. Painless in application. Free from harsh, irritating drugs. Would you like a physician's sample? Write Resinol, ME-22, Baltimore, Md.



For the symptomatic relief of sinusitis...

**"The benzedrine inhaler is an excellent vasoconstrictor and unless overindulged in, it may be used conveniently for long periods without deleterious results."**

Moore, J.H.: A Resume of Conservative Sinus Management, Southern Med. J. 34:848-854.

The vasoconstrictive vapor of Benzedrine Inhaler, N.N.R., diffuses evenly throughout the upper respiratory tract, opening nasal ostia and ducts which are frequently inaccessible to liquid vasoconstrictors. The sinuses drain. Headache, pressure pain, "stiffness" and other unpleasant sinusitis symptoms are relieved. Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; menthol, 10 mg.; and aromatics. Smith, Kline & French Laboratories, Phila., Pa.



**Benzedrine Inhaler**

... a

**better means of  
nasal  
medication**



ence laws; (c) educational standards have been so stiffened "that it is impossible for mother schools to graduate sufficient quantities to fill the rapidly thinning ranks."

Adds "B. J." dourly: "Practically every chiropractic school now is bankrupt, and their doors would be closed if it were not for some outside source of income."

The NCA, sparked by Nugent, holds fast to its recommendation of a four-year course of at least 3,600 hours, with a curriculum patterned closely on the AMA's approved course for medical schools. It has also undertaken to raise a million dollars among practicing chiropractors for educational purposes. Medical educators consider both these moves mere window dressing. They point out, for one thing, that elapsed time in itself is no guarantee of a sound education and, for another, that the faculties of NCA-approved schools are pitifully inadequate. Dr. Herman G. Weiskotten, dean of the Syracuse University College of Medicine stresses the fact that a million dollars "would not be enough, as an endowment, to support a single major department in a well-conducted medical school." He adds: "The mere statement that a group has developed a curriculum involving a given number of required hours means nothing in terms of standards of medical education. It merely means that an individual may have been in a course. The competency of the teachers

and the ability of the individual are the important things."

A first-hand inspection of NCA-approved school has been made by Dr. Frederick J. Quigley, executive secretary, committee on legislation, New Jersey State Medical Society. Chiropractors told him that the National College of Chiropractic, Chicago, was their "best school, and he went there to look it over.

The National College, he found, was housed in a stone structure formerly used as a seminary. The first thing that caught his eye, as he approached, was its effervescent advertising. Every window on one side of the building had a gold-lettered message glittering in the sun. Examples: "You don't have to be wealthy to be healthy"... "All treatments, \$1"... "Reducing massage \$1"... "X-ray at cost"... "Blood tests".

Dr. Quigley was cordially received by the dean, a youngish man named Janse, and shown around the college. "The first floor," he reported, "contains three or four good sized lecture rooms, the business office, and a laboratory apparently well supplied with reagents. The small bacteriological laboratory of the type one might find attached to a small hospital. There is a good dissecting room with eight tables. I was told that adequate dissecting material was available.

"The outpatient clinic rooms were on the street-level floor. There were

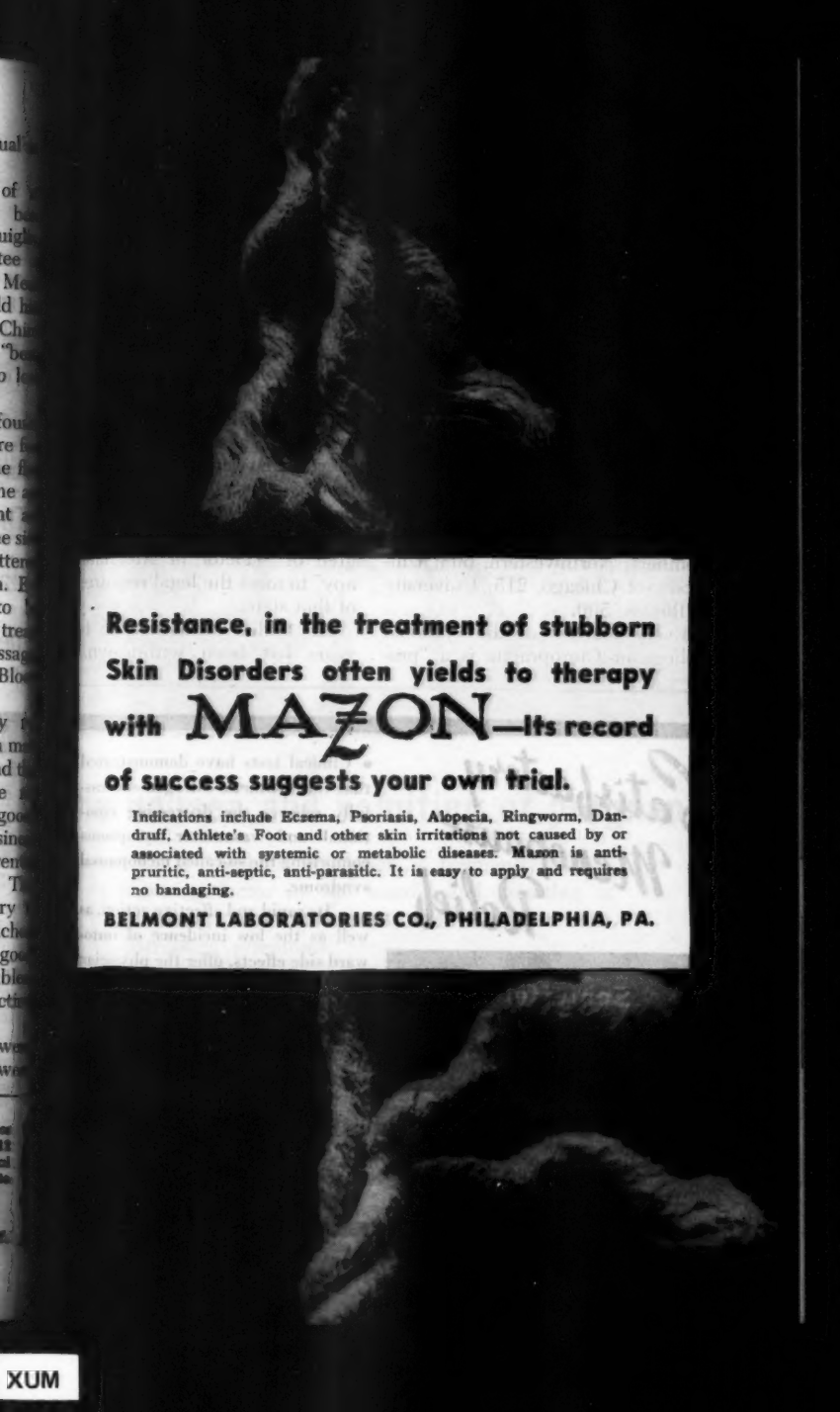


Stimulates entire colon without griping or nausea. Comfortable evacuation in 8 to 12 hours. Especially valuable in habitual constipation. Formula and samples to physicians on request.

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of success suggests your own trial.**

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic diseases. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

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good waiting rooms, booths, an X-ray room, and a lot of physiotherapy apparatus: colonic irrigators, Elliot machines, ultraviolet and infrared lamps. But in common with every chiropractic school in the U.S., National has no hospital facilities for clinical training."

Before the war, said Dean Janse, average enrollment was between 300 and 350; this is comparable with the average of accredited medical schools. Not comparable, even in numbers, was the faculty, which totaled eleven "professors." Dr. Quigley contrasts it with the faculties of accredited medical schools in the Chicago area: Loyola, 348 members; Northwestern, 608; University of Chicago, 215; University of Illinois, 500.

Every teacher at the National College of Chiropractic is a "pro-

fessor," says Dr. Quigley. "Most of the members are 'professors' of two or more subjects. For instance, one is a professor of anatomy, histology, embryology, and clinical diagnosis; another is professor of physiology, orthopedics, and diseases of the eye, ear, nose, and throat. The individual listed as professor of X-ray has no degree, academic or otherwise."

The college is lavish with doctorates. Graduates get the degrees "Doctor of Chiropractic" and "Doctor of Drugless Therapy," and if they have elected naturopathy in their courses, they get a doctorate in that too. Those who plan to practice in Ohio are also given the degree of "Doctor of Mechanotherapy" to meet the legal requirements of that state.

An added attraction of former years has been withdrawn. The

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Mild B Complex deficiency is frequently a contributing factor in the nausea and vomiting of pregnancy, and PENTAPLEX often alleviates these distressing symptoms.

Because PENTAPLEX is an elixir compounded from five important factors of the B Complex *in their crystalline forms*, it is more than merely palatable—it is actually pleasant to take. And, even with continued use, PENTAPLEX is easily tolerated by the most squeamish stomach.

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## Eskay's Pentaplex

***Makes B Complex Therapy Palatable***

1938-39 catalogue promised that all graduates would receive a degree *cum laude*. This offer was withdrawn from subsequent catalogues. "It may be," Dr. Quigley says drily, "that John C. Nugent, in trying to raise the standards of the schools, has suggested that this announcement does not look well in print."

Dr. Quigley also investigated another "accredited school, the Institute of the Science and Art of Chiropractic, New York, which is a merger, engineered by Nugent, of three earlier institutions: the Eastern Chiropractic Institute, the New York School of Chiropractic, and the Standard Institute of Chiropractic.

"The president of Eastern," relates Dr. Quigley, "was one Craig M. Kightlinger, who had operated that college in Newark, N.J., for some years. Action was started against the college by the state's attorney general for conferring degrees without authorization of the state department of education. Shortly after, the school migrated to New York. Kightlinger and Julian Jacobs, dean of Eastern, were convicted in New York in 1934 for having advertised to confer degrees in violation of the educational law. Each received a suspended thirty-day sentence." As to the present legal status of the institute, Charles A. Brind Jr., counsel to the state education department, wrote Dr. Quigley: "This department has not recognized or approved any chiro-

practic school in this state. Any such school operating would be doing so without authority of law."

—A. G. [unclear]

## Hold Societies Able to Control 'Chiselers'

*No need seen for compensation department investigators*

A proposal by the New York State Medical Society's committee on workmen's compensation that the State Labor Department be empowered by law to set up an investigating agency to run down violations of the compensation statutes, including those by physicians, has encountered opposition on the part of county societies.

The Erie County Medical Society, for instance, pointed out that as matters stand, the county societies and the chairman of the workmen's compensation board have an equal and concurrent duty to investigate instances of misconduct on the part of physicians. Actually, it said, the board has not seen fit to assign any of its investigators to such work. On the other hand, said the society, the proposed investigating department would "inevitably become a detective agency, snooping and spying to the harassment of the vast majority of ethical and law-abiding physicians. The medical societies of the state have the legal power to keep their house in order. This, coupled

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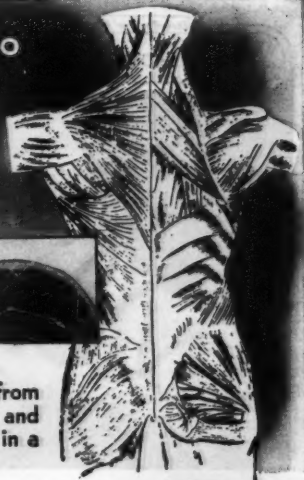
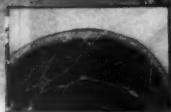
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## *Basic Relief of*

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AND KINDRED  
CONDITIONS**



A NEW RATIONALE, quite different from the previous approach with rubefacients and counterirritants, places Myopone therapy in a field by itself.

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State Jour. Med.  
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with a willingness to do the job, is all that is needed."

## ACS to Produce Fifty Educational Films

*U.S. profession will watch  
work of best surgeons*

"One of the biggest and most far-reaching programs" ever undertaken by the American College of Surgeons has been made possible by a grant from the Johnson & Johnson Research Foundation, ACS Fellows were told recently by Eleanor K. Grimm, secretary of its board of regents. Well under way, she said, is the planning of an ambitious program of motion picture production "which promises great advancements in visual educational methods for the student, the interne, the resident, and especially the practicing physician, surgeon, and specialist."

"The program contemplates the production of films with the highest degree of scientific value, artistry and workmanship. This is possible because the college has at its disposal, on a voluntary basis, services that cannot be purchased—those of the leading physicians, surgeons and specialists of the United States and Canada."

Here is the essential product program, as described by Miss Grimm:

¶ Subjects, and the operative procedures under each, will be selected in the order of their importance by ACS advisory committees.

¶ Authors of films will be selected from among the leading surgeons in each field; many will already have had experience in the production of motion pictures within their special-

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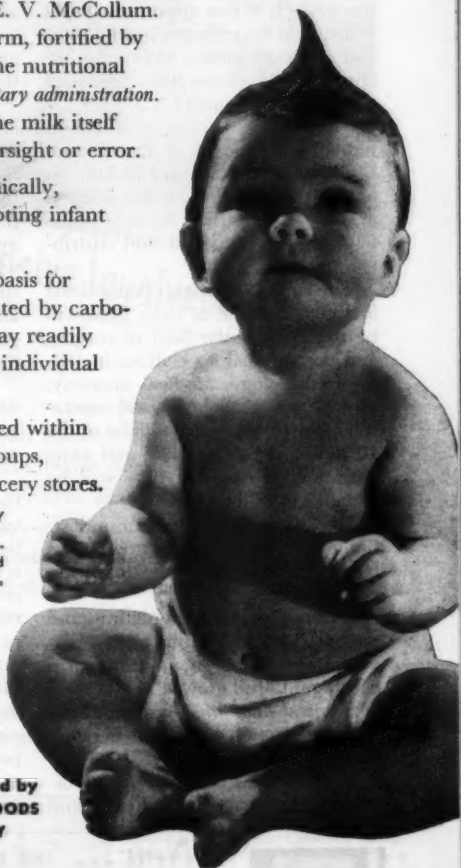


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New York, N. Y.



ties. These authors will prepare scenarios under ACS direction.

¶ Films will be produced under the supervision of the college. After each is completed, it will be reviewed by competent authorities on the subject. When approved, it will be listed in the college's special catalogue of outstanding films (also included will be some films produced under other auspices).

The ACS is setting up a motion picture department at its Chicago headquarters which will include an administrative office, a film library, and a service division through which films will be serviced and distributed.

The college estimates that at least fifty fundamental or basic films will be required in the field of surgery and the surgical specialties, including embryology, surgical anatomy, physiology, pathology, and operative procedures. Films will be of the 16 mm. type, some silent and some with sound. Running time will be from 45 to 60 minutes.

Miss Grimm offered an indication of the scope of the productions by describing briefly the following projects:

**Embryology.** Motion pictures and animated cartoons illustrating development of the organs from earliest stages to full growth.

**Surgical anatomy.** Systematic regional dissection of the human body, layer by layer.

**Physiology.** Functions of the organs, with the action of muscles and

groups of muscles indicated by anatomized drawings. Also pictured: passages of impulses from the central nervous system along the nerves to their endings, and the result of such impulses; respiration, alimentation, and digestion (by combination of animated drawing and direct photography in connection with fluoroscopy).

**Pathology.** The altered structure and function of organs and tissues resulting from disease or injury.

**Surgery.** Common major operative procedures, based on definite principles of surgical treatment, and including (a) basic principles to which every method of successful surgical treatment must conform and (b) a technique that has given good results in the hands of the majority of able surgeons.

**Other subjects.** Subsidiary films dealing with special subjects in the various branches of medical science may be planned later.

"The field is too great," says Miss Grimm, "to permit showing all the variations in technique that might be utilized. Many are simply matters of individual training or preference. While absolute standardization of technique is unnecessary and perhaps even not desirable, operations as performed in the best hospitals and clinics are rather an amazing sight to the surgeon or physician who has not often had the opportunity of seeing them performed under the most advantageous surroundings. If such techniques are



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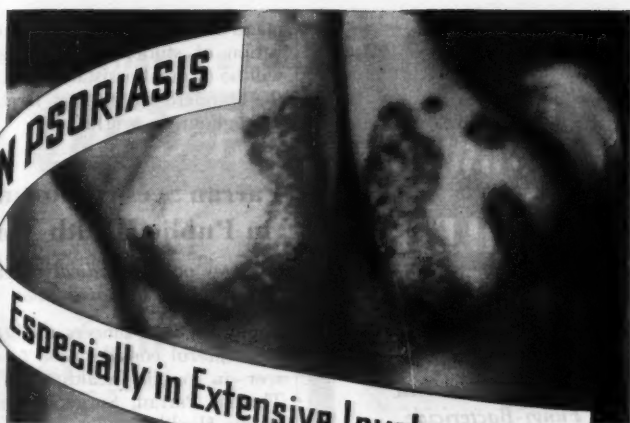
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**IN PSORIASIS**

**Especially in Extensive Involvement**

**T**HE persistence of the psoriatic lesion is disheartening to both physician and patient. Especially difficult of treatment is the extensive involvement which embraces large areas of the skin surface. In the treatment of this type of psoriasis, Tarbonis offers advantages never before realized in a tar preparation. Odorless, colorless, non-staining, it may be applied to large areas without soiling clothing or skin. Thus the patient is given the full benefit of crude tar without any of its disadvantages. When employed in conjunction with ultraviolet therapy, Tarbonis leads to rapid disappearance of the characteristic scaling papules and controls the troublesome itching.

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# FOR RINGWORM AND "ATHLETE'S FOOT"

## A Non-Keratolytic Fungi-Bactericide

**H**YDROPHEN ointment acts—not by painfully dissolving epidermis—but by penetrating it gently and soothingly, to reach and destroy underlying fungi and bacteria. It assures your patient's comfort and cooperation.

## Relieves itching quickly!

That's why physicians are prescribing probably more of this alkaline orthophenylphenolmercuric nitrate ointment than any other ethical preparation for such skin infections. Does not stain or require bandaging.



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made available for study and observation of students everywhere, it will be of great assistance in raising the standard of surgical treatment throughout the world."

## Parran Sees Opportunity in Public Health Work

*Urges young medical officers  
to scan its possibilities*

Young medical officers might well give careful consideration to a career in public health, says Dr. Thomas Parran, Surgeon General, Public Health Service, in a special statement prepared for the AMA. He declares that of 3,000 full-time medical positions reported recently by state and local health departments, 900 were vacant. Half the 900 were being held open for physicians on leave in the armed services and half remained to be filled by men with special training in public health.

Financial security in salaried practice is a factor to be considered, General Parran believes. Salaries in public health work, he points out, range from \$4,000 to \$10,000 a year, with no professional expenses to be deducted. "The extension of state merit systems, with their salary classifications, promotion, and retirement plans, and liberal annual and sick leave, enhance the feeling of security. Furthermore, with the growth and expansion of public health departments, there is increasing recognition of the necessity of salary advancement. While public health specialists may not command a salary comparable to the income of the most prosperous practitioners, in general, over the years, their



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**3** Significant Fractions of Liver

**AQUEOUS**

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**80% ALCOHOL -  
INSOLUBLE**

... combined with  
IMPORTANT CRYSTALLINE B VITAMINS

Current laboratory and clinical investigations show that a combination of the aqueous and lipid fractions of liver, providing more complete nutritional therapy, is clinically superior to aqueous extracts alone ... since certain essential nutritional factors are removed in the preparation of the usual aqueous liver extracts.

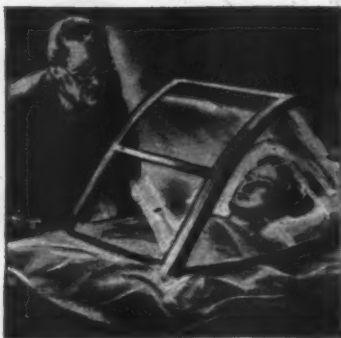


Provides in each capsule the vitamin extracts and concentrate (water-soluble, 80% alcohol-insoluble and lipid fractions) derived from a total of 11.5 grams of liver ... including folic-acid fractions (L. casei factor [Bc] etc.), biotin, inositol, and other nutritional factors present in the liver fractions. Each capsule contains:

Thiamine HCl (B <sub>1</sub> )	2.0 mg.
Riboflavin (B <sub>2</sub> )	2.0 mg.
Niacinamide	10.0 mg.
Pyridoxine HCl (B <sub>6</sub> )	0.1 mg.
Calcium Pantothenate	3.0 mg.
Choline	10.0 mg.
Inositol	5.0 mg.
Folic-acid fractions	10.0 mcg.

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**BROMIDIA**  
(BATTLE)

salaries will compare not unfavorably with the net income of physicians in most communities."

The best training route to a job in public health, says the Surgeon General, starts with an orientation course in a state or local health department, where for a period of from six months to a year the candidate works on a salary basis as a health officer, epidemiologist in training, or junior health officer. "The position is a subordinate one without administrative responsibility," Dr. Parran grants; but it offers "a chance to see and feel what goes on in a health department. This orientation course is designed to permit the candidate to decide whether he really likes the field, and to permit the employer to decide whether the candidate has the stuff."

At the end of this "trial flight," the candidate enters an accredited school of public health for training; if successful, he receives in eight or nine months, a degree of Master of Public Health. This is followed by training in a field center for a period of from three months to a year. The candidate is then eligible for appointment as health officer in a small community or as assistant health officer in a large one.

The Surgeon General recommends that young physicians leaving the armed forces apply to public health schools or to their state health departments for information on availability of training. Under the G.I. Bill such a medical veteran is entitled to subsistence allowance and to \$500 a year for tuition fees.

### Answers to Quiz

(See page 47)

1a. 2b. 3c. 4c. 5d.

# 3 Indications

CONSTIPATION

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## One Therapy

Zymenol is indicated in either the irritable, unstable or stagnant bowel because it is a *natural approach* to the two basic problems of Gastro-Intestinal Dysfunction;

**ASSURES NORMAL INTESTINAL CONTENT**

... through BREWERS YEAST ENZYMATIC ACTION\*

**RESTORES NORMAL INTESTINAL MOTILITY**

... with COMPLETE NATURAL VITAMIN B COMPLEX\*

This twofold natural therapy restores normal bowel function *without* catharsis, artificial bulkage or large doses of mineral oil. Cannot affect vitamin absorption. Avoids leakage.

Teaspoon Dosage

Economical

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\*Zymenol contains Pure Aqueous Brewers Yeast (no live cells)

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# M.D. CAN MEAN "MANY DISCOMFORTS"!



## *Which of these common skin irritations annoys you?*

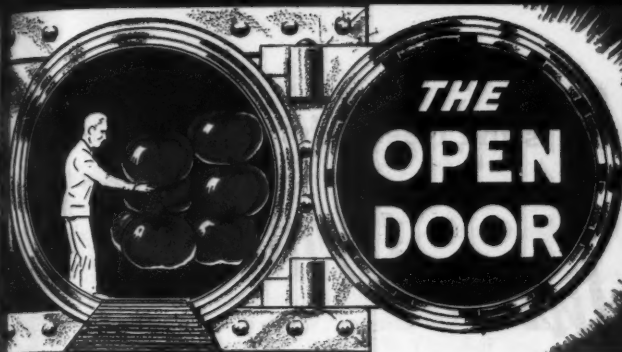
• Isn't it true, Doctor, that the very nature of your work makes you subject to annoying skin irritations? Frequent scrubbings may leave your hands rough and chapped. Your feet may burn after a long day. And shaving every day, as you must, may often leave your face sore and irritated. That's why we want to pass along these 3 tips to you:

**CHAPPED SKIN.** If you will keep the Medicated Skin Cream, Noxzema, on your washbasin and use a little after every washing, you'll be surprised to find how it helps your hands. For Noxzema not only helps smooth and soften rough, dry skin, but helps heal the tiny cracks.

**BURNING FEET.** Noxzema is a grand cooling, soothing help for tired, burning feet, too. One user writes, "it feels like wading in a cool stream." It's greaseless; won't stain socks.

**SHAVING "STING."** If your skin is sensitive, try Noxzema Specially Prepared for Shaving. Use it either before lathering or as a brushless shave; see if it doesn't give you a smooth, easy, painless shave, and leave your skin comfortable afterward. You can get Noxzema at any drug counter.

# NOXZEMA



Even the mightiest vault cannot keep ascorbic acid (Vitamin C) locked within a tomato, for rapid oxidation is the "open door" which lets Vitamin C escape from its natural sources. *Ascorbic acid is the least stable of all the vitamins.*

A government laboratory now states that natural sources of Vitamin C are unreliable from the very beginning, before the inevitable cooking, pasteurizing and storage losses.

Government experiments showed that tomatoes, apples and other natural sources of ascorbic acid vary widely in Vitamin C content. Winter hothouse tomatoes contained 50% less Vitamin C than the same kind grown in full summer sunlight.

Need for a constant, reliable source of Vitamin C has led an increasing number of physicians to turn to SODASCORBATE. This dry, stable, neutral form of sodium ascorbate overcomes many objections to the oral use of ascorbic acid. Sodium ascorbate will appear in the forthcoming U.S.P. XIII.

SODASCORBATE is a preferred source of Vitamin C be-

cause its oral use is free from the gastric irritation, diarrhea and other side-effects of ascorbic acid. It is especially welcome for patients with gastric hyperacidity, or ulcer, who cannot tolerate plain ascorbic acid. Conjoint use of alkalis, as employed with ascorbic acid, may be entirely eliminated with SODASCORBATE.

Each SODASCORBATE tablet contains 120 mg. of sodium ascorbate, equivalent in Vitamin C activity to 100 mg. of ascorbic acid (2000 U.S.P. units of Vitamin C). SODASCORBATE may be employed in any indication for which Vitamin C is indicated.

The average dose for adults and children over 12 years is one tablet three times daily, or as indicated by the condition. For children under 12, one-half tablet. This may be dissolved in milk for babies and young children.

Supplied in bottles of 40 and 100 tablets, as well as in "hospital-size" bottle containing 500 tablets. For professional samples and covering literature, sign and mail the coupon.



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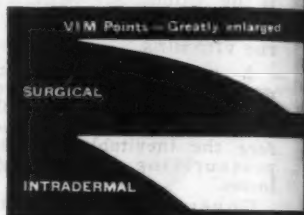
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CUTLERY STEEL  
HYPO NEEDLES**



VIM ODEN, specially beveled  
26 g. 3/16"  
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All these needles have Intradermal Points (30°). Order from your dealer.

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# The Newsvane



**NURSES.** The war is over and service nurses are returning to civilian life, yet hospitals see few signs that the shortage of R.N.'s will ease for a long time. Institutions that have built new wings have failed to open them; others have closed off entire sections. In some hospitals, a single nurse on night duty must take care of an entire floor—sometimes two. Why? The reasons are many and varied among those who should know. For instance:

¶ Demobilized R.N.'s after years in service, are reluctant to enter busy hospitals.

¶ Graduates prefer work in private homes, where in caring for semi-invalids, they enjoy high pay and an excellent standard of living.

¶ Other graduates find attractive positions as physicians' office aides, industrial nurses, airline hostesses, anesthetists, and teachers.

¶ Many graduates—after only a year or two of service—marry and retire.

The truth, Dr. Leo M. Davidoff recently wrote in *The New York Times*, is that the shortage has existed for years and the war merely aggravated it. "The shortage in voluntary hospitals has become desperate. Working conditions are extremely hectic, and that has resulted in the withdrawal of even more nurses. Those who remain often have poor qualifications both as to training and personality, but they

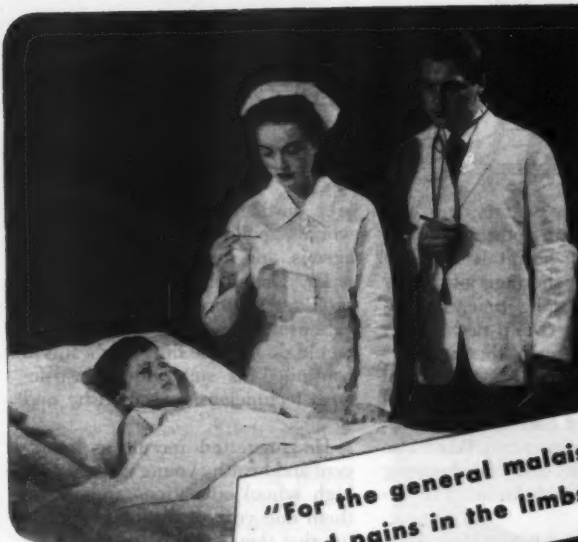
are burdened with duties that would appall the most rugged, courageous, and intelligent nurse."

Dr. Davidoff restated an often-proffered solution: namely, the education of a new type of nurse who would do bedside duty while R.N.'s continued as supervisors, instructors, technicians, anesthetists, and so on.

He suggested recruiting intelligent and healthy young women with high school educations and giving them one year of training. Following that they could be employed by hospitals, at adequate salaries, to do bedside or practical nursing.

**WISCONSIN PLAN.** The Wisconsin State Medical Society and the Milwaukee County Medical Society were still at odds a month ago concerning the "Wisconsin Plan," under which the state society had enlisted a number of commercial insurance companies to provide prepayment medical insurance on a statewide basis.

Said Dr. Harry R. Foerster, president of the Milwaukee society: "The house of delegates of the Wisconsin State Medical Society has taken a step backward. It has forsaken the field of medically controlled, directed, and operated medical services, and it has called in a third party to take over the job. It has sabotaged its own sponsored plan in Milwaukee by throwing it into competition with the commer-



**"For the general malaise  
and pains in the limbs..."**

Meakins\*, discussing the treatment of acute rhinitis, suggests the use of aspirin several times daily as a means of affording symptomatic relief.

An improved method of prescribing acetylsalicylate and assuring a concomitant intake of fluid is provided in—

## Acetyl-Vess

—producing an effervescent salt of aspirin (8.5 grs.) buffered with sodium citrate (27 grs.).

**CLINICAL ADVANTAGES:** The buffer-alkali mechanism, together with the  $\text{CO}_2$  factor of the effervescent base, combines to

Speed stomach emptying time—  
reducing tendency to gastric upset  
Make preparation readily available  
for absorption—enhancing (aug-  
menting) analgesic effect

\*Meakins, J. C.: The Practice of Medicine, St. Louis, The C. V. Mosby Company, 1940, p. 23.

*Available through your prescription pharmacy in bottles of 25 tablets.*

**AMES COMPANY, Inc. • Elkhart, Indiana**

160



# Male Involution

**NORMAL TESTICLE**

**ATROPHIC TESTICLE**



Male climacteric, directly caused by declining testicular function, responds specifically and dramatically to replacement therapy with Perandren, Ciba's brand of testosterone propionate for intramuscular injection. As many as 34 different symptoms have been observed in the male climacteric. The achievement of successful treatment of many of these symptoms is described in "The Male Period of Involution", a concise and impartial survey of the clinical experience with this type of therapy. Your request to the Ciba Professional Service Division will bring a copy.

## **Perandren**

TRADE MARK REG. U. S. PAT. OFF.

**CIBA PHARMACEUTICAL  
SUMMIT,**



**PRODUCTS, INCORPORATED  
NEW JERSEY**

STEROID HORMONES AND FINE PHARMACEUTICALS

cial insurance carriers of the state, and its officers have lacked the good grace to support a request of some of its delegates for time to study and discuss this secretly conceived 'Wisconsin plan.'

"The latter does not appear to be anything new—either evolutionary or revolutionary—but merely a means of extending insurance control over a large phase of medical practice. Insurance plans for medical service are not new. We can get along with them and have no quarrel with the insurance companies." On the other hand, said Dr. Foerster, the Milwaukee Surgical Care plan, sponsored by the county society, has demonstrated that the doctors of a community can successfully operate a non-profit service without the mediation of a third party. "In spite of the recent rebuff of our colleagues in the house of delegates," he concluded, "Milwaukee Surgical Care will carry on."

**COLLECTIONS.** "It's not good policy to plead poverty or to state that you need the money when asking for something that rightfully belongs to you," said David Morantz, Kansas City, Kan., in a recent address to the Wyandotte County Medical Assistants' Society.

As a constructive alternative, Mr. Morantz suggested the following printed notice to be enclosed with a statement of the delinquent account:

"Suppose your employer came to you next pay day and said: 'I didn't make expenses this week so I can't pay you now.'

"And suppose he said the same thing to you the next pay day, and the next and the next. How would you feel?


"Now consider your doctor: His patients are his employers. If they do not pay his bills (his salary) he cannot pay his grocer, his landlord and others.

"He extended credit to you when you needed it. So play fair and pay him—this pay day."

**EDUCATION.** Medical teachers are being attracted to other fields with better remuneration and opportunities, and the drain may ultimately have a serious effect on American health, Professor A. C. Eaton has told the Association of American Medical Colleges. If the situation is to be eased, he says, university officers must "recruit the best possible scientific minds for the faculties of our medical schools" and give such men a chance to achieve

## GLYKERON

*... a double-action antitussive*



*because it is*

**1**

**MILDLY  
SEDATIVE**

**2**

**STRONGLY  
EXPECTORANT**

- It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.
- Dosage: For adults 1-2 teaspoons every 2-3 hours or longer, children in proportion.
- Supplied in 4 oz., 16 oz., and half-gallon bottles.
- May we send you valuable brochure?

**MARTIN H. SMITH COMPANY, 150 LAFAYETTE STREET, NEW YORK, N. Y.**



Twelve of your small patients will be lucky-star babies....when you send this coupon for 12 sample bottles of Johnson's Baby Oil to start them right on baby skin care!



## Johnson's Baby Oil

**FREE SAMPLES  
MAIL COUPON!**

**Johnson & Johnson**

Baby Products Division

Dept. 14, New Brunswick, N. J.

Please send me, free of charge, one dozen sample bottles of Johnson's Baby Oil.

Name

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Limited to medical profession in U.S.A.



**Bio-Dyne Ointment**, made with a petrolatum-lam base and used with compression bandages, hastens healing and gives quick relief from pain. Biodynes are natural products extracted from cells such as yeast and fish liver. They supplement the biodynes produced by injured human cells, help regulate cellular proliferation and metabolism and tend to offset the depressing effects of germicides on tissue respiration.



The predominantly petrolatum base of Bio-Dyne Ointment maintains soft coagulum and minimizes crusting under which infections might develop. In Bio-Dyne Ointment you get all the accepted advantages of petrolatum for burn treatment, heightened by the proved effectiveness of biodynes.

## Biodyne Burn Therapy hastens healing...steps up effectiveness of two recognized local aids



**Compression bandages**, recommended in the Biodyne Burn Therapy, limit edema within the lesion and deeper sub-structures; maintain ointment in contact with the lesion and markedly decrease fluid loss from the burned area.

### GIVE BURNS THE "ALL-3" TREATMENT WITH **Sperti Bio-Dyne OINTMENT**

Bio-Dyne Ointment is available from leading surgical supply houses in 15-oz. and 5-lb. jars and 1-oz. tubes.

MANUFACTURED BY SPERTI, INC., CINCINNATI 12, OHIO

## WHAT COULD BE MORE GENTLE THAN "LIQUID BULK"...

Diagrammatic section of villi  
showing fluid exchange system  
through blood vessels  
whereby water is drawn into  
the bowel to help form "liquid  
bulk."



## TO STIMULATE PERISTALSIS ?

When a laxative is indicated, the physician knows that *effectiveness* coupled with *gentleness* are the qualities to be desired.

SAL HEPATICA combines both these qualities because it follows nature's own methods—utilizes the gentle pressure of "liquid bulk" to reinforce peristalsis.

Shortly after SAL HEPATICA is administered, the peristaltic musculature is stimulated and the bowel flushed. Usually within an hour the intestinal tract is gently but effectively cleansed of undesirable waste.

Because of this gentle yet thorough relief, SAL HEPATICA has enjoyed the confidence of the medical profession for many years.

# SAL HEPATICA

A Product of BRISTOL-MYERS COMPANY  
1911 West 50th Street • New York 20, N.Y.

GENTLE PRESSURE FOR GENTLE  
YET THOROUGH LAXATION





## SCIENCE OR SORCERY ?

Oh, the gnawing, nauseous, digestion-mocking torment of a peptic ulcer! And the gratitude of its victim released from the wearisome pain and back to a full diet! His doctor is viewed as something between a scientist and a sorcerer.

Aluminum hydroxide treatment, so superbly exemplified in Fluagel, helps to that end. In fact, Fluagel is something of a sorcerer itself! It overcomes gastric hyperacidity by adsorbing hydrogen ions onto its colloidal particles. Yet it does not affect the acid base balance of the blood.

In fixing hydrochloric acid with aluminum hydroxide, oxychlorides are formed. There is no rebound of acids. Because of the mild astringency of these substances bleeding tends to be arrested; healing of ulcers promoted.

The alkaline secretions of the intestine reconvert the oxychlorides to insoluble aluminum compounds. The chloride ion, being soluble, is reabsorbed into the blood stream. The aluminum compounds are excreted.

Your Breon technical service man will tell you other interesting things about Fluagel, the fluid aluminum hydroxide.

Fluagel is supplied  
in 10 ounce glass jars.



MADE FOR EXPORT BY GEORGE A. BREON & COMPANY  
**George A. Breon & Company**

Pharmaceutical Chemists

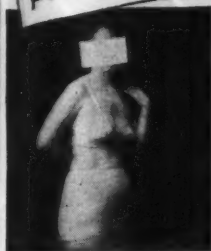


KANSAS CITY 16, MISSOURI

NEW YORK • ATLANTA • LOS ANGELES • SEATTLE

**CASE HISTORY -  
Post Operative**

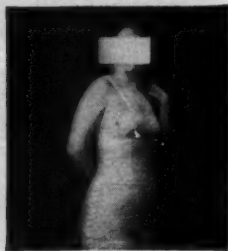
## Spirella Support for Post-Operative Conditions



1. Uncorseted Figure



2. Exclusive Modeling Garment



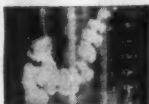
3. Finished Garment

**W**HEN post-operative conditions indicate the need for support, a Spirella Belt offers features which find wide acceptance. The new Spirella principle of design supports the figure in the *natural* way, without constriction. Every Spirella is individually designed, cut and made to meet the specific needs of each wearer. The Spirella Post-Operative Belt gives less definite support and restraint than is provided by a Spirella Corset.

The case illustrated above, for example, wears in photograph No. 3 a Spirella individually designed to give just the degree of natural support prescribed. The hook and eye fasten-

ing and the lacings are placed to avoid the incision. The flexible, resilient Spirella stay assures freedom and comfort.

Here is how the Spirella system of corsetry is applied for this and for all other therapeutic cases when recommended. First, the Spirella Corsetiere adjusts the exclusive Spirella Modeling Garment to the patient (photo No. 2), permitting the exact degree of support to be checked. Then measurements are taken over the supported figure with Modeling Garment adjusted. From the measurements and specifications, a Spirella is individually made as shown in photograph No. 3!



Modeling Garment



Finished Spirella

### When More Positive Support is Desired

These X-Ray studies are of a *different* case, requiring more definite support to internal organs than is provided by the Post-Operative Belt and show the more positive action of the Spirella Designing System. With this figure uncorseted, the top of the hepatic flexure lay  $2\frac{1}{2}$ " above level of the iliac crest. With the Spirella Modeling Garment adjusted (see top picture), the hepatic flexure now lies  $3\frac{1}{2}$ " above the iliac crest. The lower picture shows the same woman in her individually-designed Spirella. The hepatic flexure lies  $3\frac{3}{4}$ " above the iliac crest. Thus the individually-designed Spirella for this case gives the same excellent support as the Modeling Garment.

### FOR THE COMPLETE INFORMATION

about Spirella *natural* support, write Dept. 7-7, The Spirella Company, Niagara Falls, New York. In Canada, address The Spirella Company, Limited, Niagara Falls, Ontario.

### SPIRELLA SUPPORT IS RECOMMENDED IN CASES LIKE THESE:

- |                              |                    |
|------------------------------|--------------------|
| 1. "Industrial"              | 4. Faulty Posture  |
| 2. Post-Operative            | 5. Extreme Obesity |
| 3. Misplaced Internal Organs | 6. Maternity       |

WOMEN FEEL BETTER  
AND LOOK BETTER IN

**Spirella**  
INDIVIDUALLY-DESIGNED  
HEALTH SUPPORTS

# RIB-BACK superiority the progeny of *know-how*



Advanced engineering, production and inspection methods which have long contributed towards a universal recognition of Rib-Back Blade superiority, were largely responsible for quality maintenance throughout the entire wartime period... in spite of the greatly increased production required for the armed services.

In successfully meeting government and home front demands, we have never compromised with quality. Uniform sharpness, strength and rigidity have been maintained without deviation from pre-war standards.

Again we stress that each and every blade purchased offers cutting efficiency at its best. As blade dependability is vital to the surgeon, and blade economy important to the purchaser, RIB-BACKS remain the logical blade of choice.

*Ask your dealer*



**BARD-PARKER COMPANY, INC.**  
Danbury, Connecticut

A BARD-PARKER PRODUCT



# Selective Spasmolysis

For Relief In

**PEPTIC ULCER, PYLOROSPASM,  
FLATULENCE, SPASTIC COLON  
BILIARY AND RENAL COLIC**



Mesopin is a selective antispasmodic whose action is especially directed toward the gastrointestinal tract. Its spasmolytic effect is similar to that of atropine, but without objectionable side actions.

Mesopin with Phenobarbital is available for gastrointestinal disturbances associated with nervous instability. This formula combines both local and central action for the relief of pain due to spasm.

**ENDO**

## MESOPIN

Each tablet of Mesopin contains 2.5 mg. homatropine methyl bromide. Mesopin with Phenobarbital contains, in addition, 20 mg. phenobarbital. Mesopin and Mesopin with Phenobarbital are available in bottles of 20, 100, 500, and 1000 tablets.



**ENDO PRODUCTS INC.**

**Richmond Hill 18, N. Y.**

important scientific results, and provide them with a reasonable standard of living and a real opportunity for advancement."

Where have our good teachers gone? asks Professor Eaton. "Some, of course, to the armed forces to do strictly routine work instead of the research and teaching so badly needed. And it is my impression that many faculty members have left for positions in industry, particularly in the large pharmaceutical houses, finding excellent opportunities for extensive research at attractive salaries. Another serious drain has been the shifting of full-time clinical men to a part-time basis, allowing them to engage in private practice. This is very largely the result of our low salary policy, slowness of promotion, and the increased cost of living. While a large percentage of these men will be the most capable physicians in their communities, their contributions to the future progress of medical science will not be great."

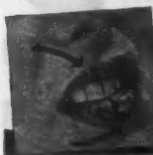
First steps toward righting the situation should be taken by the colleges, Professor Eaton believes. "Salaries should be about double the present average, which would bring them in line with other professional incomes in the community. These salaries should carry the stipulation that they are paid for teaching and research on an equal basis. One-half of the time should be available for research, preferably one-half the year. Faculty members not

actively engaged in research should receive only one-half salaries.

"What is really needed is a salary scale high enough to attract the best scientific type of mind into medical research and teaching. This kind of individual appears to do his best work when he has an income which gives his family a comfortable living standard and financial security. I suggest that salaries should start at \$3,000 for beginning instructors and range smoothly up the scale to \$20,000 for full professors of outstanding ability."

Professor Eaton recalls that only a few years ago the nation seemed to have an oversupply of trained medical teachers. Today, he says, faculties have been depleted below the danger level and teaching loads have so increased that very little time or energy is left for creative research. "However," he warns, "the most dangerous situation arises from failure to provide for the training of future faculty members in the preclinical sciences. These are the men and women who have made and must continue to make the basic or 'pure' scientific contributions so necessary for the progress of medical science."

**COMPENSATION.** Cases which come before the Michigan Compensation Commission for adjudication must frequently be adjourned because of the difficulty in obtaining physicians' testimony, the Wayne County Medical Society was in-



## In Cheilitis from LIPSTICK

PRESCRIBE

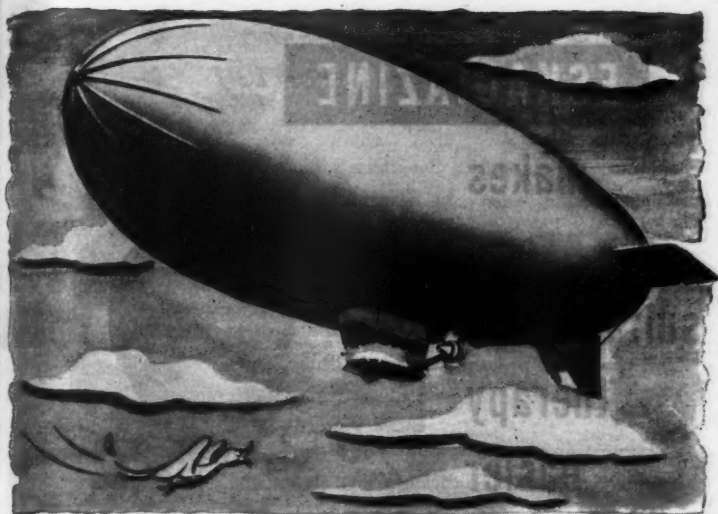
Intractable exfoliative lip dermatoses may often be traced to eosin lipstick dyes. Remove the offending irritants, and the symptoms often disappear. In lipish hypersensitivity, prescribe AR-EX NON-PERMANENT LIPSTICK—so cosmetically desirable, yet free from all known irritants and allergens. Send for Free Formulary.



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NON-PERMANENT  
LIPSTICK

AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



# BULK *plus* MOTILITY

...for the Gentle, Smooth Relief of Common Constipation

Saraka\* supplies MOTILITY in addition to BULK. Selected bassorin is the bulk-producing ingredient. Specially-aged cortex frangula is added as the motility factor.

This clinically tested combination encourages the peristalsis which simulates the desirable, close-to-normal action.

With Saraka there are only soft, moist, well-formed stools. Hard, dry feces, watery evacuations and leakage are avoided.

Saraka offers the physician an aperient particularly suited even for the relief of constipation during pregnancy...in cases of rectal disorders...and for bedridden and other physically inactive patients—where gentle laxation is desirable.

Send for a generous professional sample of SARAKA, and see for yourself its remarkable efficacy in the treatment of constipation.

For patients who need Bulk only, prescribe SARAKA-B, without frangula.



SARAKA, Dept. 434, Bloomfield, N. J.

Without obligation on my part, please send free package of SARAKA.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

\*Reg. U. S. Pat. Off. ©1946, Union Pharmaceutical Co., Inc.

UNION PHARMACEUTICAL COMPANY, INC., BLOOMFIELD, N. J.

# ESKADIAZINE

**makes  
oral  
sulfadiazine  
therapy  
easier**




**ESKADIAZINE—the ideal oral sulfadiazine—  
has these three advantages:—**

- 1 Fluid Form.** This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication.
- 2 Exceptional Palatability.** Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients. Children actually like to take it.
- 3 More Rapid Absorption.** The findings of a recent clinical study by Flippin and associates (*Am. J. M. Sc.*, Aug. 1945) indicate that with Eskadiazine desired serum levels may be far more rapidly attained than with sulfadiazine administered in tablet form.

*Smith, Kline & French Laboratories, Phila., Pa.*

**S.K.F.'s new, outstandingly palatable  
fluid sulfadiazine for oral use**



## vertebrate gel

Containing a uniquely acid-resistant type of alumina... figuratively, a gel with a backbone—'GELUSIL' Antacid Adsorbent is free from the constipating tendency of ordinary aluminum hydroxide preparations and escapes the ultimate fate of common unstable gels which are quantitatively converted to non-protective, soluble, astringent aluminum chloride.

Where ordinary alumina gels are destroyed by gastric hydrochloric acid, 'GELUSIL' Antacid Adsorbent is uniquely acid-resistant; and, retaining its original protective, demulcent character, it affords unremitting symptomatic relief in peptic ulcer, safeguarding it against further erosion and irritation, and encouraging normal healing.

Supplied in both liquid and tablet form, 'GELUSIL' Antacid Adsorbent provides acid-resistant, protective aluminum hydroxide and magnesium trisilicate.

*For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.*

William R. **WARNER** and Co. Inc. 113 W. 18TH ST., NEW YORK 11

# 'gelusil'

\*Trademark Reg.  
U. S. Pat. Off.

## antacid adsorbent

Bottles of 6 and 12 fluidounces

Bottles of 50, 100 and 1000 tablets

formed recently by B. W. Allie, chairman of the commission. "I might also state to you," he added, "that it has been said in many quarters that it is practically impossible to get a doctor to come in and testify for the plaintiff, the injured man. If there is any truth in this, it is an unfortunate state of affairs in the profession."

**G.P. SECTION.** Lauding the pioneer activity of the Wayne County (Mich.) Medical Society and the Michigan State Medical Society, which led to the establishment of a General Practice Section in the AMA, a number of medical societies are looking forward to a renaissance of the general practitioner in American medicine. The new section, says the Los Angeles County Medical Association, should speedily "outline in as much detail as possible the proper field of activity of a general practitioner, distinguishing between urban and rural conditions. If general practice is to be regarded as a specialty, and it is fitting that it should be, then the qualifications of a general practitioner should be clearly delineated and should be put on a par with those of other specialists. It is at least as difficult to obtain a broad,

comprehensive view of medical science as it is to become proficient in a narrow field—probably more so.

"There has been much maudlin glorification of general practitioners, chiefly by specialists in search of referred work. If such praise is intended for the highly trained, studious, and capable man with an excellent grasp of all but the more technical aspects of the specialties, it is well merited. If it serves only as a sop to the mediocre individual who justifies his ignorance and indolence by the comforting thought that he is a family doctor, then it is sheer hypocrisy.

"General practitioners are vitally needed, but their post-graduate training should include two, three, or more years of broad, rather than specialized, training. Then, and only then, will general practice be held in the same professional and public esteem as the specialties."

The Allegheny County (Pa.) Medical Society concurs. "Nowhere in the practice of medicine can one develop the humane understanding so essential for a good doctor as in the intimacy springing from general practice," it says. "With the current trend toward specialization, national boards have arisen almost overnight. A board is being formed



## SAFETY FOR YOUR BABIES

Babies deserve the full protection—mothers appreciate all the convenience of these four Trimble helps:

- KIDDIE-KOOP**, the safety-screened crib
- TIP-TOP KIDDIE-BATH**, to make baby bathing easy
- KIDDIE-YARD**, for protected, off-the-floor play
- KIDDIE-TRAINER**, for sound toilet training

New booklet "Making the World Safe for Baby" by Beulah France, R.N., gives much helpful information. Write: Trimble, 30 Wren St., Rochester 13, N. Y.



*Trimble*

**NURSERYLAND FURNITURE**

# TWO ACE *Elastic* BANDAGES

EACH OUTSTANDING IN LONG LIFE  
AND THERAPEUTIC VALUE

B-D PRODUCTS

*Made for the Profession*



## THE ACE

### ALL COTTON-WITHOUT RUBBER

No. 1 — NATURAL COLOR

(Should be compared ONLY with  
all-cotton elastic bandages.)

This all-cotton Ace is superior to any other all-cotton elastic bandage. Its therapeutic value has been proven in hundreds of thousands of cases of varicose veins and ulcers, strains, sprains and injuries. Made from long-fibered Egyptian cotton with properly twisted warp and weave, it has an adequate quantity of cross threads to provide substantial body. The feather edge prevents raveling or cutting by the edges and assures comfortable wear. The stretch is moderate and uniform over the full width of the bandage. Washing restores any elasticity lost in use.

## THE ACE

### REINFORCED WITH "LASTEX"\*

No. 8 — SKIN-TONE

(Should be compared ONLY with  
rubber reinforced elastic bandages.)

This Ace assures constant elasticity because it is reinforced with "Lastex" yarn. "Lastex" has the efficient qualities of rubber but eliminates the inefficient properties. Therefore, this Ace No. 8 — with "Lastex" has been designed to remain active and useful — comparatively unaffected by dealer storage, perspiration, oils, grease, and other solvents which may shorten the life and reduce the therapeutic value of bandages not reinforced with "Lastex".

\* Reg. U. S. Pat. Off.

BECTON, DICKINSON & Co., RUTHERFORD, N. J.

## *in Treating Iron-Deficiency Anemias*

A specially processed, co-precipitated complex of molybdenum oxide (3 mg.) and ferrous sulfate (195 mg.).

### *White's* MOL-IRON TABLETS

Available clinical evidence indicates that, in hypochromic anemia, the therapeutic response to this highly effective synergistic combination—as compared with equivalent dosage of ferrous sulfate alone—has unusual advantages:

1. **NORMAL HEMOGLOBIN VALUES ARE RESTORED MORE RAPIDLY, INCREASES IN THE RATE OF HEMOGLOBIN FORMATION BEING AS GREAT AS 100% OR MORE IN PATIENTS STUDIED.**
2. **IRON UTILIZATION IS SIMILARLY MORE COMPLETE.**
3. **GASTRO-INTESTINAL TOLERANCE IS NOTABLY SATISFACTORY**—even among patients who have previously shown marked gastro-intestinal reactions following oral administration of other iron preparations.

**INDICATED IN:** Hypochromic (iron-deficiency) anemias caused by inadequate dietary intake or impaired intestinal absorption of iron; excessive utilization of iron, as in pregnancy and lactation; chronic hemorrhage.

**DOSAGE:** One or two tablets three times daily after meals.

Available in bottles of 100 and 1000 tablets. Ethically promoted—not advertised to the laity.

PHARMACEUTICAL

*White's*

MANUFACTURERS



# A NEW AND DEFINITE ADVANCE

## RAPIDITY OF CLINICAL RESPONSE (Days)

MOL-IRON (13.7)

A

20.3

B

DAYS 5 10 15 20

(A) Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol-Iron therapy.

(B) Ferrous sulfate therapy failed to produce normal hemoglobin values after an average of 20.3 days.

## AVERAGE DAILY HEMOGLOBIN INCREASE (Gm. Per Cent)

MOL-IRON (0.36 Gm.%)

A

FeSO<sub>4</sub> (0.12 Gm.%)

B

GRAMS PER CENT 0.1 0.2 0.3 0.4

(A) The group treated with Mol-Iron averaged a daily hemoglobin increase of 2.48 per cent (0.36 Gm. per cent).

(B) The group treated with ferrous sulfate showed an average daily gain of hemoglobin of 0.83 per cent (0.12 Gm. per cent)—a response about one-third as effective.

## TOTAL HEMOGLOBIN INCREASE (Gm. Per Cent)

MOL-IRON (4.567)

A

2.51

B

GRAMS PER CENT 1.0 2.0 3.0 4.0

(A) The total hemoglobin increase (in an average of 13.7 days) averaged 31 per cent (4.56 Gm. per cent) in the Mol-Iron treated group.

(B) A mean gain of only 17 per cent (2.51 Gm. per cent) hemoglobin resulted in an average period of 20.3 days during which the ferrous sulfate treated group was observed.

## THERAPEUTIC INTAKE OF BIVALENT IRON (Gm.)

MOL-IRON (3.5)

A

7.87

B

GRAMS 1 2 3 4 5 6 7 8

(A) The Mol-Iron treated group received an average total 3.528 Gms. of bivalent iron to produce the sought for result (return to normal blood values).

(B) While an average ingestion of 7.871 Gms. of bivalent iron failed to achieve an optimal response in the ferrous sulfate treated group.

The charts summarize the results of a controlled study of comparative therapeutic response in post-hemorrhagic and nutritional hypochromic anemia.

The tests included 40 cases—20 treated with 12 capsules daily of Mol-Iron and 20 with ferrous sulfate. The results are typical of many thousands of cases treated with White's Mol-Iron.

for every specialty, for every subdivision of every specialty, and there is a threat of sub-sub-divisions of specialties. If this trend continues, the public will be unable to meet the inflationary expenses of overspecialization. In self-defense, various specialists will band together for group practice. Every hamlet, as well as metropolitan area, will have many clinics. The general practitioner will practically disappear from the field.

"On the other hand, with general practice given full recognition by organized medicine, the field may become more and more attractive to young graduates. Group practice—which cannot be decried—will be prevalent in many localities, but it will not be a nation-wide threat to general practice."

**COMRADES.** Let us march on with our buddies in the AFL and CIO, ironically suggests the Columbus (Ohio) Academy of Medicine and fight the "dirty fascist doctor-baiters in our midst." Take-home pay is what counts, says the academy, and income must be kept at its present level no matter what befalls.

"Suitable action will consist of doubling fees as the volume of work

falls off 50 per cent. Then when our absent members return from service, an increase of 35 per cent will be necessary to prevent any diminution in take-home pay. As the birth rate reverts to normal, a 10 per cent increase in fees will keep everything on an even keel.

"Let us not be lulled into a false feeling of security, however, by the simplicity of this plan. It may be necessary to knock in a few heads here and there among some of the dirty fascists who are always advocating one visit's pay for one visit. Most important of all, wire your Congressman to outlaw all such devices as preventive medicine, public health, meat inspection, water purification, insect control, and asepsis and antiseptics."

**FORMULARY.** An explanation to the lay public of the difference between the U.S. Pharmacopoeia and the National Formulary has been made by Dr. Justin L. Powers, chairman of the committee on the National Formulary, American Pharmaceutical Association. "The pharmacopoeia," says Dr. Powers, "from the very beginning has restricted its scope to drugs selected by the medical members of the revision committee and believed by

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Strontii Iod. Gelsemium  
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**SIG:** Teaspoonful 3 times a day with plenty of water.

# What's Wrong with Children's Diets?

In a mass human nutrition study\* conducted by a well-known research institute the following nutritional deficiencies were found in children's diets:

48.8%	did not receive dietary allowance for energy	
48.4	did not receive dietary allowance for protein	
50.8	did not receive dietary allowance for calcium	
25.2	did not receive dietary allowance for phosphorus	
39.5	did not receive dietary allowance for iron	
46.9	did not receive dietary allowance for vitamin A	
45.9	did not receive dietary allowance for vitamin B <sub>1</sub> (Thiamine)	
52.9	did not receive dietary allowance for vitamin B <sub>2</sub> (Riboflavin)	
75.0	did not receive dietary allowance for niacin	
49.7	did not receive dietary allowance for vitamin C (Ascorbic Acid)	

Since citrus fruits are the best natural source of vitamin C and since whole-grain cereals are an excellent natural source of energy, iron, thiamine and niacin... and combined with milk also furnish high quality protein, calcium, phosphorus, riboflavin and vitamin A, it is obvious that a "better breakfast" could go a long way toward helping the American child to have an adequate diet. Thus all of the above ten nutrients could be increased substantially.

\*Bulletin covering complete study available free. See coupon below.

## VALUE OF HOT RALSTON IN CHILDREN'S DIETS

In many cases just one serving of hot Ralston with milk can mean the difference between an inadequate and an adequate diet. More than twice as rich as natural whole wheat in wheat germ—richest cereal source of vitamin B<sub>1</sub> (Thiamine)—hot Ralston is also a good source of carbohydrates, iron and niacin.



### FREE! NORMAL DIET PRESCRIPTIONS

Diet for: Children 2 to 6; 6 to 12, and over 12 years; Underweight, Moderately Active, Very Active Men and Women; Pregnant Women and Nursing Mothers. Printed on 6 1/2 x 11" sheets, in pads of 25 each.

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13J Checkerboard Square, St. Louis 2, Missouri  
Please send, no cost or obligation, material checked below.

- ☐ C845 Study of Breakfast Habits  
☐ C3694 Normal Diet Prescriptions

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(Offer limited to residents of Continental United States)



**From the Menarche to the Menopause . . .**

**Woman requires**

**4 times as**



**Women's iron reserves** are subject to constant demands. Menstruation (especially during the period of rapid growth), pregnancy and lactation—each renders even the normal woman more than ordinarily prone to develop hypochromic anemia.

Dameshek\*\* states, "Chronic hypochromic anemia is far more frequent in women than in men, probably because of . . . the monthly loss of appreciable quantities of blood . . . and the loss of hemoglobin-building substances to the fetus in pregnancy."

Many iron-deficiency anemias in women can be avoided if routine prophylactic doses of iron are given whenever an excessive drain upon iron reserves is suspected.

FEOSOL TABLETS and FEOSOL ELIXIR supply adequate dosage of ferrous sulfate, recognized as, grain for grain, the most effective form of iron. In the recommended dosage, they achieve the two essential objectives of iron therapy: rapid hemoglobin regeneration and prompt reticulocyte response.

*Smith, Kline & French Laboratories  
Philadelphia, Pa.*



as man.\*

## FEOSOL TABLETS

the standard forms of iron therapy

## FEOSOL ELIXIR

\*Clarke, B. G.: New England J. Med. 227:336, 1942

\*\*Dameshek, W.: New England J. Med. 232:250, 1945

them to possess greatest therapeutic merit. This selectivity has prevented it from recognizing a large number of drugs which, judging by the extent of actual use, must possess some merit. Briefly, admissions to the pharmacopoeia are based on therapeutic merit, while admissions to the National Formulary are based on extent of use. For instance, in the course of a revision of the pharmacopoeia, numerous drugs are deleted, many of which continue to be used extensively for varying periods of time thereafter. Since the deletion does not mean that the drug immediately becomes obsolete, it is often desirable—and even essential—to continue to provide official standards for it."

**DEATH CERTIFICATES.** The Funeral Directors' Association of Northwestern Ohio has bluntly told physicians in Toledo and Lucas counties that it is sick of sitting around and waiting for hours for them to sign death certificates. "It is just as much the duty of the doctor to make out and sign his part of the death certificate as it is the funeral director's to fill out and sign his portion," says the association. Cemetery authorities, say the morticians, have been cooperating with

undertakers—in violation of the law—by permitting interments without burial permits and waiting for the local registrar to issue them on receipt of completed death certificates. To end that practice, the association says, it has been considering a plan whereby a funeral director, having made a reasonable but unsuccessful attempt to have the physician complete his section of the certificate, would simply deposit it with the registrar. In the few instances where this has been done, says the association, the registrar has given dilatory physicians a peremptory notice to come to his office and complete the form at once.

**FEDERAL MEDICINE.** "We are opposed to any system of medical care which would force a physician to serve two masters. If he is to do his best work he must serve only one—the patient." Thus says up the St. Louis Medical Society in proposing the following creed for the American physician:

"As a taxpayer, I am opposed to a Federal system of medical care because it is too costly and because it is unnecessary.

"As a citizen, I am opposed to a Federal system because it is in d-

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**ARCH SUPPORTS**





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*when COLDS and SORE*  
**THROATS strike**




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a valuable Therapy for  
distressing COUGHS in

- Acute and Chronic Bronchitis
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- Whooping Cough
- Smoker's Cough

## What Pertussin is

An extract of thyme (Process Taeschner) is the single therapeutic element in Pertussin. It is quickly absorbed and carried to the secretomotor center. Pertussin is highly beneficial in easing cough paroxysms not due to organic disease.

## What Pertussin does

1. Pertussin stimulates secretion of the tracheobronchial glands to relieve dryness. 2. It facilitates removal of mucus accumulation. 3. It improves ciliary action. 4. It exerts a sedative effect on irritated mucous membrane.

*Pertussin is entirely free from undesirable side action. It is pleasant in taste, and well tolerated.*

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For Children, Adults and the Aged

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rect opposition to the fundamental American principles of personal initiative and personal responsibility.

"As a physician, I am opposed to a Federal system because (a) the medical needs of our people could not be served by a single central plan; (b) the experience of other nations has not shown any great worth; (c) such a system is unnecessary to bring about the improvements which are needed in our present medical care."

**EX-CONVICT.** "The State Board of Medical Education and Licensure, supposed to have undergone a housecleaning as a result of the Dr. Henry J. Schireson scandal, is once again floundering in debris of its own making."

In that acid vein, the Philadelphia Record recently accused the board of licensing an ex-convict as a physician without, apparently having made an investigation of his background. Despite the fact that the board has sixteen paid investigators, asserted the Record, it issued a license to Dr. Sinet M. Simon, German-born physician, without uncovering these alleged facts:

1. Simon's license to practice medicine in West Virginia was revoked by the West Virginia Public Health Council on March 5, 1940, on the basis of malpractice charges preferred by the Mingo County Medical Society.

2. Simon served the major part of a three-year sentence in the Federal penitentiary at Lewisburg, Pa., after his conviction in the U.S. District Court in West Virginia on charges of concealing his assets in bankruptcy.

The newspaper said it had been able to collect its evidence within

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A S  
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forty-eight hours. It also pointed out that the JAMA had published an abstract of court proceedings growing out of the revocation of Simon's West Virginia license. Apparently, it commented, the board had taken to mean "no" Simon's failure to answer a question on his application blank as to whether he had ever had a license suspended or revoked in another state. As a result, said the Record, "the board went right ahead and notified Simon that he had been found duly qualified and advised him his license would be issued as soon as he signed and returned a registration card and a \$1 fee. Simon signed, sent the \$1, and has by now received his license from the board, or will receive it shortly."

Shortly afterward, Simon was arrested again and charged with frau-

dulent conversion of a Philadelphia woman's furniture. He was held in \$500 bail for trial.

According to the Record, D. E. Crosley, executive director of the board, admitted that no investigation was made of Simon's record and that the board had issued a temporary license on the basis of Simon's application and its supporting documents. The latter included certifications by two Philadelphia physicians that he was of "good moral character." One of the physicians was dead, the newspaper disclosed, at the time the board accepted his endorsement.

The Simon case hit the front page a year and a half after a board reorganization. Expressing disgust over the issuance of a license to "the king of the quacks" (Dr. Henry J. Schireson), Governor Edward Mar-

# Sanmetto

## SOOTHES

—the mucous membrane of the urogenital tract.

Sanmetto alone or in conjunction with other indicated therapy is particularly valuable to soothe inflamed and irritated tissues, and to help relieve pain and spasm in the treatment of pyelitis, cystitis, prostatitis, and minor surgical urogenital procedures.

**FORMULA:** Sanmetto is a preparation of Sandalwood, Saw Palmetto and Corn Silk. Alcohol 20.6%.

**DOSE**  
One to two drams every four hours, four times a day is considered the optimum dose.



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*Burn Therapy*

**Greatly Shortens Healing Time**

## CHLOROPHYLL 1%

Accelerates burn healing, shortens time by as much as 50%. Minimizes scar formation and speeds regeneration of tissue.

## UREA 33.2%

Exerts a solvent action that aids in removing necrotic tissue debris. Tends to minimize foul odors and prevent infection.

## BENZOCAINE 10%

Because only slowly absorbed, remains localized at burn site to give sustained anesthetic action.

## OINTMENT BASE

Vanishing, greaseless, washable, absorbent.

"Chlorophyll Urea Ointment in the Treatment of Burns and Chronic Ulcers." *Industrial Medicine*, 14:9, 720, Sept., 1946.

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Pyridium is convenient to administer. No laboratory control, accessory medication, or other special measures are necessary for effective Pyridium therapy.

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## RAPID RESPONSE

Prompt, gratifying relief of distressing urinary symptoms is the characteristic response to Pyridium therapy.

## PYRIDIUM

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(Phenylure-alpha-alpha-dimethyl-  
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**For gratifying relief  
of distressing urinary  
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Pyridium is the United States Registered Trade-Mark of  
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## CLAPP'S INSTANT CEREAL

**Pre-cooked . . . ready to serve**

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B<sub>1</sub> (thiamine) and Iron, in which the infant diet may be deficient.

### INGREDIENTS

Whole Wheat Meal • Corn Meal • Wheat Germ • Malt • Non-fat Dry Milk Solids • Calcium Phosphate • Dried Brewers' Yeast • Salt • Iron Ammonium Citrate.

1 ounce of Cereal contains an average of 0.3 milligrams vitamin B<sub>1</sub> and 0.1 milligrams vitamin G.

### TYPICAL ANALYSIS

Carbohydrate 73.1%	Phosphorus (P) 580 mg. per 100 gms.
Protein (N x 6.25) 15.0%	Iron (Fe) 30 mg. per 100 gms.
Fat (ether extract) 2%	Copper (Cu) 2 mg. per 100 gms.
Ash (total minerals) 3.8%	Thiamine (B <sub>1</sub> ) 1.0 mg. per 100 gms.
Crude Fiber 1.6%	Riboflavin (B <sub>2</sub> ) 0.3 mg. per 100 gms.
Moisture 5.7%	Calories per ounce 102.
Calcium (Ca) 800 mg. per 100 gms.	

### NUTRITIONAL VALUES

$\frac{1}{2}$  oz. and 1 oz. may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

For infants: 120% of vitamin B<sub>1</sub>; 20% of vitamin B<sub>2</sub>. For young children: 60% of vitamin B<sub>1</sub>; 113% of Iron; 32% of Calcium; 22% of Phosphorus.



The Council on Foods and Nutrition of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B<sub>1</sub> and Iron. Clapp's Cereals are an excellent source of these two food elements.



## CLAPP'S BABY CEREALS

PRODUCTS OF AMERICAN HOME FOODS, INC.

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**"THAT FAIL TO DRAIN"**

In chronic cervicitis the infection persists because drainage is inadequate. There may be gross obstruction of the cervical canal or there are microscopic pockets that fail to drain. Treatment, therefore, is directed toward restoring adequate drainage.

OSMOPAK, by tampon, offers many advantages as a single treatment in the acute stages where instrumentation is to be avoided, and in the chronic condition as an important adjunctive measure. As a profound depleting agent, OSMOPAK restores drainage, prevents reinfection and controls inflammation. OSMOPAK is particularly indicated following cautery to produce a quicker, cleaner healing and a better slough where scar formation often impedes proper drainage.

OSMOPAK presents a water-miscible gel of Magnesium Sulfate 68% with Benzocaine and Brilliant Green. Available in 12 and 24 oz. jars through prescription stores everywhere. Literature on request.



**OSMOPAK**

**IRWIN, NEISLER & CO.**

DECATUR, ILLINOIS

tin at that time accepted the resignation of the board's chairman, Irvin D. Metzger. Since then, attempts to revoke Schireson's license have been unsuccessful; a month ago a temporary injunction restraining the board from further activity in the case was still in effect.

**G.I. STORK.** About 1,000 Army medical officers were being held in England a month ago to "treat a few soldiers hurt in accidents and in fights and to prepare a vast pediatric set-up to care for babies born to English wives of American soldiers," reported Ward Walker, London correspondent of the Chicago Tribune. He quoted a young physician with 68 points and two years of overseas' service as follows: "I am a surgeon, but my assignment now is delivering babies. I shudder to think of the chore ahead when 50,000 English brides gather at the staging area for shipment to America. I know the job must be done, but more than enough American doctors have married English girls to handle the job—and they would volunteer to stay."

**STANDOUT.** To Dr. Thomas H. Curtin, eye surgeon, has gone the title, "most outstanding citizen of the Bronx in 1945." A month ago the 70-year-old, Irish-born physician, still active in practice, was honored by the borough's Rotary, Kiwanis, and Lions clubs. A previous award, a plaque from the Bronx Council, American Jewish Congress, had honored Dr. Curtin as the "Good Citizen" of 1943.

**BARNUMS.** Enactment of the Wagner-Murray-Dingell bill would benefit nobody but new ranks of



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THERAPY . . .



## STOPS HEMORRHOIDAL PAINS

... WITHIN 5 MINUTES

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Many thousands of physicians during the past ten years have employed RECTAL MEDICONE to relieve pain, control bleeding and reduce congestion in rectal conditions where surgery is not indicated, also in pre-surgical and post-operative treatment.

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## WHICH combined vaccine will you use on your patients?

The following may be helpful in finding a satisfactory answer:

It has been established by most investigators that 100 billion organisms in Phase I is the optimum pertussis dosage for children under three. *Pertussis organisms for Cutter D-P-T, grown on human blood media, are guaranteed to be in Phase I, with 40 billion organisms per cc.*

While adequate protection must be provided against all three diseases, injections must not be so large as to cause undue pain and tissue distention. *Purified toxoids and extremely high pertussis count yield a vaccine so concentrated that your dosage schedule is only 0.5 cc., 1 cc., 1 cc.*

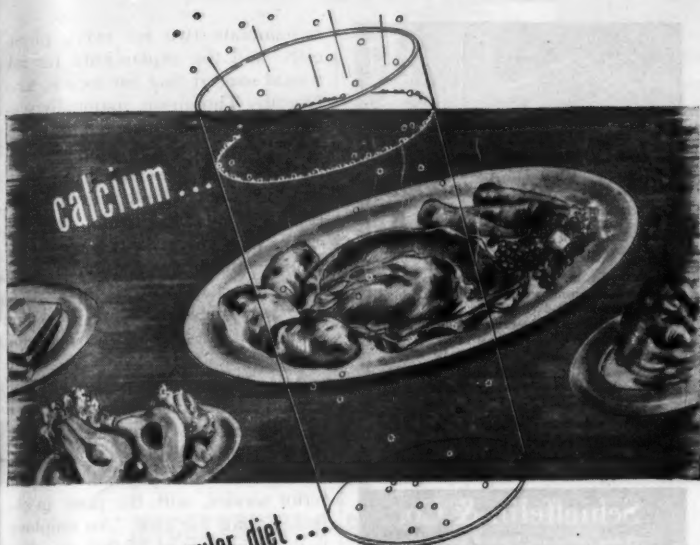
Sterile abscesses, often a danger when pertussis vaccine is mixed with alum toxoids, are to be avoided. *Cutter D-P-T (Alhydrox) is aluminum hydroxide adsorbed, determined by Miller to be more potent than alum*

*precipitated vaccines. Moreover, persistent nodules and sterile abscesses are eliminated almost entirely, and there is less pain on injection because of a more normal pH.*

May we suggest that you use Cutter D-P-T, proving its advantages to your satisfaction? Cutter Laboratories, Berkeley, Calif.; Chicago, New York.

**Leading pediatricians specify  
CUTTER D-P-T**





part of the regular diet ...

Assurance of adequate day-by-day calcium reinforcement is made convenient and pleasant when prescribed in the form of—

## calcium gluconate effervescent

(FLINT)

The palatability factor of Calcium Gluconate Effervescent (Flint) is exceptionally important in calcium administration. There is no chalky, unpleasant after-taste.


Thus, the aging adult, whose diet has been low in calcium over a period of years, the pregnant woman and the lactating mother, will find this sparkling, effervescent form of calcium pleasant to take over a prolonged period.

Council-Accepted—protected by U.S. Patent No. 1983954. Each gram of Calcium Gluconate Effervescent (Flint) contains calcium gluconate U.S.P. 0.5 Gm., citric acid 0.25 Gm., and sodium bicarbonate 0.25 Gm.



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Neuronidia brings welcome relaxation to patients requiring nerve stabilization during the course of the day.

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Neuronidia is a pleasant tasting sedative-hypnotic which rarely extends its influence beyond the desired period.

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### To Relieve Coughs—Sore Throat

For years the profession has obtained gratifying results by indicating Musterole.

Musterole offers all the advantages of a warming stimulating mustard plaster yet is so much easier to apply. It's simply rubbed on chest, throat and back. There's no fuss. No muss. A modern counter-irritant, analgesic and decongestive.

In 3 Strengths

# MUSTEROLE

bureaucrats—two for every physician; and the expenditure for it would exceed that for iodine, says Dorothy Thompson, nationally syndicated political observer, in handing a stern rebuke to Johnny-complately liberals. Just attach a phrase like "Economic Bill of Rights" to a proposal, says Miss Thompson, "and critics back down as though before a fetish. But in a world where progress moves on crutches, conservatism may mean in some cases the last stand of liberty and common sense."

Miss Thompson is particularly incensed at the inequalities inherent in the sickness insurance taxation program. It would mean, she believes, vast overpayment for inferior service, with the poor, in effect, aiding the rich. "An employee with an income of \$2,000 per year would pay \$80. One with an income of \$3,600 would pay \$144. Everybody working would contribute—perhaps three or four members of the same family. A salaried man with an income of \$10,000 or a movie actor with an income of \$200,000 also would pay \$144.

"In private medicine, physicians daily perform millions of dollars' worth of free services. Their wealthy patients help finance the indigent. This is not a proper situation, but it is more just than the Government bill.

"Cooperative medicine schemes are voluntary, efficient, cheap of administration, and cheap for the participants; they could be standardized on a high level. State schemes are bureaucratic, heartless, and open to dangerous collusion between assembly line physicians and patients—as those who have lived under them know. The novelists are the



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provides these vitamins, derived from fish liver oils, present in ratio as found in cod liver oil, in an appropriate lanolin-petrolatum base. Particularly efficacious in chronic wounds which have not responded favorably to previous treatment.

Promotes healthy granulation and rapid epithelization without destruction of epithelial

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*High in B<sub>1</sub> and B<sub>2</sub>  
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In resisting multiple vitamin deficiencies during and after anemia, pregnancy and various acute and chronic illnesses, Trapadin Improved Capsules are a valuable high-potency therapeutic supplement.

Trapadin Improved guarantees a high B<sub>1</sub> and B<sub>2</sub>(G) intake in conjunction with the fat-soluble vitamins A, D and E, and the water-soluble vitamins C, PP, FF and B<sub>6</sub>, thus being a particularly valuable adjunct for speedy restoration of optimum nutritional states.

Every Improved Trapadin Capsule provides the following:

#### Nine (9) Vitamins:

- A: 5000 USP units Vitamin A
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- C: 75 mg. Ascorbic Acid
- B<sub>1</sub>: 5 mg. Thiamine HCl
- B<sub>2</sub>(G): 10 mg. Riboflavin
- PP: 30 mg. Niacin Amide
- FF: 3 mg. Pantothenic Acid
- B<sub>6</sub>: 1 mg. Pyridoxine HCl
- E: 10 mg. Mixed Tocopherols

Trapadin Improved is made by International Vitamin Corporation—"The House of Vitamins"—devoted to the exclusive manufacture of vitamins and vitamin products, New York, Dallas, Chicago, Los Angeles.



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CUFLEX ELECTRODE SNAPS ON AND STAYS THERE RESULTS IN FIRM  
EVEN GRASP ON EVEN MOST DIFFICULT BODY AREAS AFFORDING  
QUICKER EASIER APPLICATION AND DEEP HEAT STOP AVAILABLE FOR  
VIRTUALLY ALL MAKES S W DIATHERMY MACHINES PROMPT DELIVERY  
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THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

## Birtcher Introduces **CUFLEX**

THE ELECTRODE THAT VASTLY  
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- Saves time
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applications and prices

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CITY \_\_\_\_\_ ZONE \_\_\_\_\_ STATE \_\_\_\_\_

# Sanette

## WASTE RECEIVER SAVES STEPS!

Slightest pressure on the convenient pedal raises cover; closes quietly when pressure is released. Extra outside handle for ease in moving Sanette about. Rubber feet protect floor. Available at your dealer. Or write Master Metal Products, Inc., Buffalo 4, N. Y.

SANETTE MODEL H-12  
Height 15"; Diameter 10"



best reporters. Those who think this proposal is 'progress' should read 'How Green Was My Valley,' 'Little Man What Now?' and 'Karl and the Twentieth Century.'

"Barnum said that a sucker is born every minute. Along with the sucker is born a politician and, nowadays, a 'progressive' to beat his drum for every measure that extends the power of the state even into the most intimate parts of life."

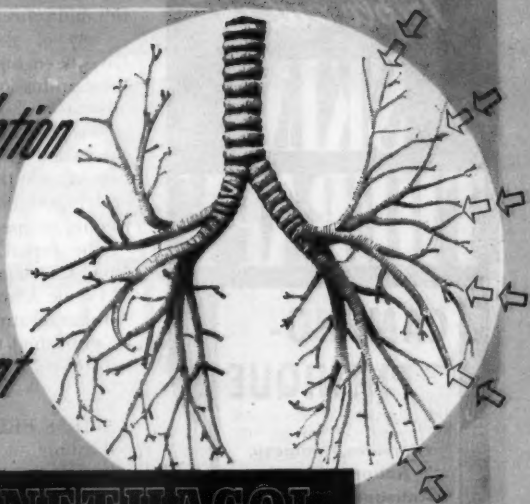
**REFUGEES.** Physicians comprise the largest professional group among refugees, according to the Public Affairs Committee, Inc., which sponsored a study of recent immigration from Europe. In its report it remarks that while restrictions on refugee doctors have "served in some instances to protect the American public against a lowering of standards, they have served primarily to safeguard the interests of American physicians."

Between 1933 and 1944, according to the report, some 5,000 physicians—including students and non-practitioners—came to the U.S. from Europe. Three-quarters of them were specialists. While these men have settled in every state, the largest group has remained in New York, particularly in New York City. The pamphlet ascribes this to the fact that New York State is one of the few that require only first papers as a prerequisite to application for licensure. But, it continues, "a large proportion of the doctors have settled in localities with less than 2,500 population."

"American physicians, more than any other professional group, have feared possible refugee competition. They have, therefore, made existing requirements stricter for the refu-



# Bronchodilation in Cough Management



## NETHACOL

Expectorant and Bronchodilator

In acute bronchitis, asthmatic bronchitis and other bronchial congestions, cough serves the important function of removing from the trachea the accumulated secretions from the bronchial tree.

Nethacol does not interfere with the cough reflex, but aids its physiological function.

Nethacol relieves congestion by dilating the bronchioles . . . helps liquefy and remove congestive secretions by its expectorant action.

Nethacol is palatable, sugar-free and

non-narcotic. Systemic in action, it should be taken in or with a half-glass of water. Adult dose is 1 or 2 teaspoonfuls every three hours—children proportionately less.

### Each fluidounce contains:

Nethamine (brand of methylethylamine-phenylpropanol) Hydrochloride . . .	1 gr.
Chloroform . . . . .	1 gr.
F. E. Ipecac . . . . .	1 min.
Ammonium Chloride . . . . .	.10 gr.
Menthol . . . . .	¼ gr.

At prescription pharmacies in pints and gallons

Trademarks "Nethacol" and "Nethamine" Reg. U. S. Pat. Off.

THE W. M. S. MERRELL COMPANY • CINCINNATI, U. S. A.

## MERRELL

Since 1828

# Triple aid in SKIN THERAPY

## CAMPHO- PHENIQUE

(Phenol 4.75%, Camphor 10.85%  
in an Aromatic Mineral Oil Base)

**combines Analgesic  
Antipruritic and  
Antiseptic Properties**

To promptly relieve the wide variety of minor skin irritations and injuries requiring treatment, many Doctors for years have used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

**Eczema • Urticaria**

**Intertrigo • Athlete's Foot**

**Pruritus • Impetigo • Herpes**

**SEND FOR FREE BOTTLE**



**CAMPHO-PHENIQUE**  
Dept. ME-2, Monticello, Illinois  
Please send me a free bottle of Campho-  
Phenique Liquid Antiseptic Dressing.

Name .....

Address .....

City.....State.....

gees. Owing to these difficulties and additional ones, such as non-acceptance by county medical societies and refusal of hospital affiliation—some of the refugee physicians have been forced either to give up their profession entirely or to accept laboratory, hospital, and similar positions. The majority, however, have succeeded in entering private practice; most of them have become general practitioners rather than continuing as specialists."

The report, "The Refugees Are Now Americans," has been released as Public Affairs Pamphlet No. 111. A fuller treatment in book form will be published this spring by Harper & Brothers.

PRESS FREEDOM is one thing, publishing of false statements another, says the Wayne County (Mich.) Medical Society, commenting on a newspaper advertisement opposing medical control of a new city hospital planned for Dearborn, Mich. "In the Dearborn Press appeared a full page ad signed by a Mr. Ejilif West, President," says the society. "Mr. West is the mouthpiece for osteopaths in that neighborhood, as they are apparently unable to speak for themselves. What Mr. West is president of, nobody seems to know. The article attempts to prove that the osteopaths are making such a great impression that the American Medical Association and the American College of Surgeons have approved one of their osteopathic hospitals for residencies and internships. We checked on this institution, the Los Angeles County Hospital, and found that it consisted of two separate sections, one for osteopaths and one for doctors of medicine. The osteopathic

When you recommend  
*extra*  
**IRON and  
CALCIUM**



## Suggest the "HAPPY WAY" BRER RABBIT MILK SHAKES!

**I**F YOUR PATIENTS are reluctant to eat iron-containing foods introduce them to Brer Rabbit milk shakes—a pleasant, easy way to get extra iron and calcium.

When combined with milk in a Brer Rabbit milk shake patients enjoy a tempting, delicious drink, get iron they need and also benefit by the calcium and nutritious properties of milk.

• **Three tablespoons** Brer Rabbit Molasses added daily to the diet supply about 3 mg. of available iron. The amount of molasses may be varied. Penick & Ford, Ltd., Inc., New Orleans, La.



### HOW TO MIX:

Add 1 tablespoon of Brer Rabbit New Orleans Molasses to a glass of cold or warm milk to make a Brer Rabbit milk shake. It is delicious, nutritious. Three milk shakes a day are suggested.



PSORIASIS GENERALIZED BEFORE RIASOL



PSORIASIS GENERALIZED AFTER RIASOL

# **Cold Weather and PSORIASIS**

Winter is a "low" point for psoriasis patients. Their need for relief is exceptionally acute.

RIASOL's striking cold-weather effectiveness against stubborn psoriasis causes many physicians to ask:

"Why not use RIASOL all year around?"

RIASOL contains 0.45% mercuric iodine chemically combined with soap, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply RIASOL daily after a mild soap bath and thorough drying. It forms a thin, invisible, economical film on the skin. No bandages needed. After one week, adjust to the patient's progress. RIASOL may be applied to any area, including face and scalp.

RIASOL is not publicly advertised. Supplied in 4 and 8 fl. oz. bottles, at pharmacies direct.

## **GENEROUS CLINICAL PACKAGE ON REQUEST**



**SHIELD LABORATORIES**

8751 Grand River Ave., Detroit 4, Mich.

Please send me professional literature and generous clinical package of RIASOL.

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 City.....Zone.....State.....  
 Druggist.....Address.....

# **RIASOL FOR PSORIASIS**



## Effective Minimum

Swift, dependable nasal decongestion—plus ample bacteriostasis furnished with a minimal concentration of sulfathiazole (only 0.4 per cent) . . . Neo-Synephrine Sulfathiazolate provides prompt and enduring vasoconstriction which clears the nasal airways and promotes sinus drainage . . . possibly limits the spread of infection.

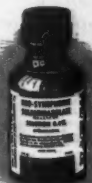
## Neo-Synephrine Sulfathiazolate

*For Decongestion and Bacteriostasis*

### THERAPEUTIC APPRAISAL:

Prompt, prolonged decongestion . . . ample bacteriostasis with minimal sulfathiazole . . . sustained effectiveness, even on repeated use . . . essential freedom from adverse side effects.

INDICATED in common colds and sinusitis.



ADMINISTRATION may be by dropper, spray or tampon, with dosage determined by individual needs. Patients should be cautioned to use only as directed.

SUPPLIED in 0.6% solution, bottles of 1 fl. oz. and 1 pint.

*Samples on Request.*

*Frederick* Stearns & Company  
*Division*

DETROIT 31, MICHIGAN

NEW YORK • KANSAS CITY • SAN FRANCISCO • WINDSOR, ONTARIO  
SYDNEY, AUSTRALIA • AUCKLAND, NEW ZEALAND

Trade-Mark Neo-Synephrine Sulfathiazolate Reg. U. S. Pat. Off.

# A Simple TREATMENT for ALOPECIA AREATA

● It is based upon an application of the old principles of counter-irritation and massage. Most of the treatment is conducted by the patient at home and consists of the daily use of mild counter-irritants—solution "A" (Parker Herbex), which contains chloral hydrate, glycerine and the extracts of Colocynthis, Capsicum, Mullein and Jaborandi, and Ointment "B" (Parker Herbex), containing Thymol, Salicylic Acid, Chrysarobin and Sulphur. Twice a week the physician should apply to the affected areas a potent counter-irritant, Exite (Parker Herbex) the active principle of which is (Synthetic) Oil of Mustard.

## DIRECTIONS FOR PHYSICIANS

Fill out prescription blank enabling your patient to obtain Solution "A" and Ointment "B" from a pharmacist; Give your patient an instruction sheet; Have your patient come to your office twice a week for a checkup. At this time apply Exite (Parker Herbex) to the denuded areas.

Available on Request. This informative booklet entitled "HAIR HYGIENE" containing simplified directions for the care of the hair.



Parker Herbex Corp. ME-13  
29-50 Northern Boulevard  
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Please send your FREE copy of  
HAIR HYGIENE to

Dr. ....  
Address .....  
City.....Zone.....State.....

branch has never been approved, the medical section has. Further, the AMA and the ACS tell us that no osteopathic hospital has ever been approved."

HEAVY-HEARTED, Dr. Vincent Williams, editor of the Jackson County (Mo.) Medical Society Bulletin, sees "increasing evidence of defeatism—with respect to the coming of Federalized medicine—among our colleagues and among editors of the various medical-society journals. The seeds of dissension, of the Hitlerian 'divide and destroy' philosophy, are bearing a rich harvest. Fellow practitioners say: 'Oh, well, I guess there's nothing we can do about it.'

"These pragmatists see us as a profession divided by jealousies, fears, doubts, indecisions, and selfishness. They appreciate our lack of unity; they see we have no leaders and that we have no one, clear-cut objective. They know we are in the same untenable and vulnerable spot as the British Medical Association was and is: a flabby, loose-jointed group upon whom any kind of odious political chicanery may be heaped, with only a feeble, wrist-slapping protest as answer."

BABY CENTER. Some 110 physicians and dentists who are tenants in San Diego's Medico-Dental Building have been jointly operating a children's "parking station" where youngsters from 8 weeks to 8 years are cared for while their mothers receive medical or dental care, or merely go shopping. Fees are 50 cents for the first hour and 35 cents for every hour thereafter. A registered nurse is always on duty in the center and she is assisted by two



**YOUR ACNE PATIENT** will use COLLO-SUL CREAM during the *day*, as well as during the night, because it is invisible on the skin, *greaseless*, and free from objectionable sulfur odor. To keep your acne cases under continuous 24 hour-a-day sulfur therapy, specify COLLO-SUL CREAM.

Send for full information and details of new "Therapeutic Cleansing" techniques from Crookes Laboratories, Inc., 305 East 45th Street, New York 17, N. Y.

## COLLO-SUL CREAM

THE new, different and better FORM OF SULFUR

**CROOKES**  
*Laboratories*



former schoolteachers. Hours are from 9 A.M. to 6 P.M., every day but Sunday. The center, with a capacity of seventy-five children, consists of a suite of rooms on the main floor of the professional building. Brightly painted, and decorated with nursery designs, it has plenty of play pens, toys, bassinets, tiny tables and chairs, and blackboards.

**POLIO POLL.** Although medical men still differ on whether poliomyelitis is contagious or not, almost half the population is convinced that it is, reports the Gallup Poll on the basis of a recent survey of the nation. Here are some of the questions asked in the poll, with a tabulation of replies:

¶ "Can you tell me another name for poliomyelitis or polio?" Correct answer, 57%; "Don't know" and incorrect, 43%.

¶ "Do you think infantile paralysis is contagious (catching)?" Yes, 49%; no, 29%; no opinion, 22%.

¶ "Have you heard or read about Sister Kenny or the Kenny method of treating infantile paralysis?" Yes, 52%; no, 48%.

¶ "Can you tell me any of the signs or symptoms which tell whether people are coming down with infantile?" Don't know, 56%; fever,

21%; aches, pains, cramped muscles, 21%; headache, 9%; vomiting, 8%; stiff neck, 7%; fatigue, 4%; backache, 2%; miscellaneous, 2%.

**LABOR'S EXPERIENCE** with sick benefits hardly justifies its support of the Wagner-Murray-Dingell bill, observes the Christian Science Monitor. Already the Tobacco Workers' International Union, by an overwhelming vote in a referendum, has stricken the sickness benefit provision from its constitution, and last year Daniel J. Tobin, president of the Teamsters' International, wrote several articles advising his union against undertaking a sickness insurance project. "The CIO and the AFL," says the Monitor, "have given compulsory sickness insurance their endorsement. Doubtless their pressure had much to do with President Truman's becoming a quick convert. But a number of influential labor leaders remain skeptical. They have good reason."

**DEMOBILIZATION.** In a strong protest to the Erie County (N.Y.) Medical Society, a 47-year-old medical officer recently castigated the Buffalo Evening News for urging the discharge of younger medical officers. "Those of us in the higher

WASHABLE • NON-IRRITATING

*Every desirable feature* to be found in an ideal topical analgesic is incorporated in the INCOTIN formula. *High concentration* — methyl salicylate 15%, menthol 15%, with camphor and capsicum. *Washable.*

ANALGESIC  
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Incotin

*Non-Irritating.* Provides fast effective relief from muscle, nerve, joint, throat or chest pains.

TAKAMINE LABORATORY INC. • CLIFTON, N. J.



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Gordon Clayton

## STILL A STANDARD

In appraising the potency and therapeutic value of antirachitic agents, the norm and standard still remains time-honored, time-proved cod liver oil.

Your patients obtain the wholly-natural vitamins A and D of cod liver oil itself when you prescribe any one of the three palatable, convenient dosage forms of

### WHITE'S COD LIVER OIL CONCENTRATE

The economy factor of White's Cod Liver Oil Concentrate is important to many patients—*prophylactic antirachitic dosage for infants still costs less than a penny a day.*

3 Forms for your Prescription Convenience:

**LIQUID**—for drop dosage to infants

**TABLETS**—for youngsters and adults

**CAPSULES**—for larger dosage

Ethically promoted—not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.





32



## INTERNATIONAL AWARDS *for* MERIT

For over 100 years Angostura aromatic bitters has received world-wide recognition of its superiority. No other similar preparation has received such great official and public approval as that given to Angostura.

THE WORLD'S BEST-  
KNOWN STOMACHIC

**ANGOSTURA**  
TRADE MARK  
ANGOSTURA  
AROMATIC BITTERS  
32 INTERNATIONAL AWARDS FOR MERIT



## ANGIER'S EMULSION

Because of its freedom from sugars, alcohol or habit-forming drugs, this dependable adjunct continues to satisfy the demands of many leading physicians who recognize the advantages of conservative therapeutic measures.

● Leading pharmacies everywhere can  
fill your prescriptions promptly

**Angier Chemical Co.**

Boston 34 Massachusetts

age bracket are beginning to wonder if we are not the forgotten men. Not only in civilian thinking but also in the Army point system is the emphasis on youth apparent. Most of us, because we lack the physique of youth, have been utilized in military installations where it is impossible to acquire high point scores, even though we have served overseas. Let me illustrate: I am 47 and had practiced medicine for seventeen years prior to joining the Army. To date, I have served three full years. A young man of my acquaintance joined the Army, just out of internship, a month after I did. He has 83 points, I have 51. According to the [Army] plan, this young man is now entitled to a discharge, while mine is in the far distant future.

"Need I point out that an older man has sacrificed much more? It is not a small matter to give up a practice which has taken many long, painful years to build. It should not be forgotten that the older men are, in the main, those who have acquired families and other responsibilities. The longer we remain away from our normal pursuits the more difficult it will be for us to make a second start in life."

**BRITISH SOCIALISTS.** "The United States may surprise us with the rapidity with which it achieves a form of national health service," says the Socialist Medical Association of Great Britain. "But the diehards of the profession, such as the National Physicians' Committee, are flooding the country and the press with attacks on the health proposals, which are declared to be 'creeping communism, the right to confiscate your entire income to be

A spermicidal jelly  
with these pluses

Lorophyn  
jelly

**1** In tests Lorophyn Jelly has killed sperm in less than one minute after contact, even at dilutions of 1:20\*.

**+2** Lorophyn Jelly has excellent spreading and sperm-contact properties.



Accepted by the  
Council on Pharmacy  
and Chemistry of the  
American Medical  
Association.

**+3** Lorophyn Jelly possesses effective properties as a physical barrier.

**+4** Lorophyn Jelly is non-toxic, non-irritating\*\*



LABORATORIES  
*EATON Inc.*  
NORWICH, NEW YORK

Active Ingredients: Phenylmercuric Acetate 0.88%, Polyethylene glycol of mono iso octyl phenyl ether 0.5%, Methyl p-Hydroxy Benzene 0.00%, Sodium Borate 3.0%.

\* In tests by modified Brown-Gamba method,  
\*\* Eastman, N. J., and Scott, A. B.:  
Human Fertility, 2:55-61.

spent on political schemes to perpetuate politicians in power.' The arguments can hardly assist the cause of friendship with Russia, for they consist of the most vulgar abuse of the Soviet Union and attempts by innuendo to prove that the proposed national health service and the system existing in Russia are both forms of fascism."

**CIVILIAN INCOME.** In 1944, half the families and single persons in U.S. cities had a net income, after taxes, of less than \$2,700 (1941: \$1,900), and half had more than \$2,700, according to the Department of Labor. In all, family incomes were at their highest level in history. Following are some other statistics released by the department:

¶ Average expenditures by city families for medical care, according to income after taxation:

Under \$500 .....	\$ 48
500-1,000 .....	67
1,000-1,500 .....	78
1,500-2,000 .....	93
2,000-2,500 .....	95
2,500-3,000 .....	119
3,000-4,000 .....	147
4,000-5,000 .....	191
Over 5,000 .....	260

¶ In 1941, an income, after taxes,

of \$1,475 was sufficient to cover expenditures for current living for the average city family with three members; in 1944, it took \$1,950, after taxes, to "break even." Such families spent an average of less than 2 cents per meal per person and \$3 a month for housing, fuel, light, and refrigeration. They paid \$119 annually in taxes.

¶ A total income of \$2,070 (or \$1,950 after taxes) was sufficient in 1944 to cover living expenses and small gifts and contributions, for such families, but not enough to permit purchase of war bonds or life insurance.

¶ About 42 per cent of city families and single persons had incomes above \$3,000, after taxes in 1944, compared with 20 per cent in 1941. One-fifth in 1944 had incomes of less than \$1,500, compared with nearly two-fifths in 1941.

**WARREN OPPOSED.** Last month Washington legislators were looking for straws in the California wind. Gov. Earl Warren, sponsor of a compulsory sickness insurance scheme that failed of state enactment last year, had announced that he was a candidate for another term. Opposing him for the nomination was Earl Lee Kelly, who declared

FOR  
**ECZEMA**

or whenever  
Coal Tar  
Therapy  
is indicated

INSTEAD OF BLACK COAL TAR OINTMENTS  
PRESCRIBE **SUPERTAH** (NASON'S)  
**WHITE — NON-STAINING — FULLY EFFECTIVE.**

Clinical tests have proven SUPERTAH "as valuable as the black coal tar preparation"; but SUPERTAH is free of the objectionable qualities of black coal tar.

Sample On  
Request

**TAILBY-NASON COMPANY**  
Cambridge 42. Boston, Mass.

"by means of  
the chewing gum  
method..."

"I believe  
the concentration  
of sulfathiazole  
can be maintained  
in the mouth  
for some time,  
since the solubility of  
the drug is constant."

*White's*

# SULFATHIAZOLE GUM\*

A single tablet chewed for *one-half to one hour* promptly provides a *high* concentration of locally active sulfathiazole (average 70 mg. per cent). This high concentration is sustained throughout the entire chewing period, in immediate contact with infected oral mucosal surfaces. Moreover, resultant blood levels of the drug, even with maximal dosage, are so low (rarely reaching 0.5 to 1 mg. per cent) that systemic toxic reactions are virtually obviated.

**INDICATIONS:** Local treatment of sulfonamide-susceptible infections of

oropharyngeal areas; acute tonsillitis and pharyngitis; septic sore throat; infectious gingivitis and stomatitis, including acute Vincent's disease.

**DOSAGE:** One tablet chewed for *one-half to one hour* at intervals of one to four hours depending upon the severity of the conditions. If preferred, several tablets—rather than a single tablet—may be chewed successively during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

Available in packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes.

**IMPORTANT:** Please note that your patient requires your prescription to obtain this product from the pharmacist.

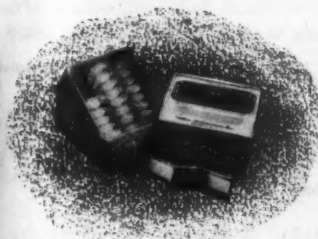


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**WHITE LABORATORIES, INC.**

PHARMACEUTICAL MANUFACTURERS

NEWARK 7, NEW JERSEY





# DOCTOR, W seconds to

We thought you'd like the 1-2-3-4 about Hemo. So, here goes:

1. Hemo is a *special-purpose* food, a sound food drink with significant vitamin and mineral fortification.
2. Hemo is taste-tempting, attractive to young and old tastes, with a delightful *milk-chocolate* flavor.
3. Hemo is advertised to the public as a *supplement* to regular meals—not as a medicine or a cure-all. It's sold as a *good food*!
4. Hemo's vitamin and mineral content compares favorably with minimum daily requirements of these food essentials, as set up by government authority:

© Borden Co.

*R, will you take thirty-two  
 /s to read these facts?*

**Hemo compared with minimum daily adult requirements\***

	Minimum Daily Adult Requirements*	1½ ounces of Hemo and 16 fluid ounces of milk (2 glasses)	1½ ounces (2 servings) of Hemo Powder
Vitamin A	4000 U. S. P. Units	4900	4000
Vitamin B <sub>1</sub>	333 U. S. P. Units	400	333
Vitamin B <sub>2</sub>	2 Milligrams	3	2
Vitamin D	400 U. S. P. Units	410	400
Niacin amide	* *	10.3 mg.	10 mg.
Iron	10 Milligrams	15.7	14.7
Calcium	750 Milligrams	950	376
Phosphorus	750 Milligrams	750	288

\*As set by Federal Security Administrator under authority of the Federal Food, Drug and Cosmetic Act. (Hemo does not contain Vitamin C.)

\*\*Minimum daily adult requirements not yet fully established.

***Borden's* Hemo**



**IF IT'S BORDEN'S, IT'S GOT TO BE GOOD!**

Available in all drug and grocery stores

himself emphatically against state medicine in any form.

Although the next election was still many months off, the issue was hot. "We are united in our ambition," said Governor Warren, "to preserve the favorable economic changes that war has brought to our West. . . We also unite to bring about local conditions that make for good living and raise the standards of the whole Western region. We are ambitious for more efficient government . . . better care for our dependent and aged . . . and better health facilities and services for our people."

Countered Candidate Kelly: "I don't believe in state medicine! I know that we have made more advances under the private practice of medicine than any other country. I know that we have better health

than any other people. So I can embrace health insurance. I don't see any reason for going overboard for this New Deal reform, when it isn't a reform or an improvement but an attempt to regiment doctors and patients alike. . . We have had too much compulsion. I'm sorry a Republican Governor has seen fit to recommend more of it."

**SCIENTISTS' REGISTRY.** An inventory of 400,000 U.S. scientists and technicians is in the process of revision by the United States Employment Service, which used its original list to place 50,000 key persons in vital war jobs, including the atomic bomb project. The revised National Roster of Scientific and Specialized Personnel will be used in an attempt to meet the nation's reconversion problems. Established

# TENSOR

## The Elastic Bandage That's Woven with LIVE Rubber Thread

That's why TENSOR provides constant, uniform pressure and gives controlled support wherever applied. It "stays put" even where movement is involved—as on knees, ankles, etc.

. . . where old-style rubberless bandages fail. TENSOR is lightweight, cool, comfortable, and it retains its elasticity even after repeated washings.

*You can't find a better elastic bandage than TENSOR.*

A product of

**BAUER & BLACK**

Division of The Kendall Company • Chicago 16



*The Ideal Bandage  
Wherever an Elastic  
Bandage Is Indicated*

FIRST IN ELASTIC SUPPORTS

\*Reg. U. S. Pat.



# Vasano

**Dose:** Two tablets 6 to 8 times a day, or 2 hours before bedtime, repeated in 2 to 4 hours if necessary. A total of four tablets in 24 hours should not be exceeded.

# FOR ALLAYING Itching Burning Discomfort

For over 65 years Cuticura has been used for prompt relief from discomfort of eczema, acne, industrial dermatitis, diaper rash, psoriasis, rashes, rectal irritation, sheer burns. Contains Sulphurated Petrolatum and Oxyquinoline. SAMPLES on request. Write Cuticura, Dept. ME-45, Malden 48, Mass.

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IN *Gebauer's* AMBER GLASS  
CONTAINERS

Professionally preferred for its purity. 4 fl. oz. and 2 fl. oz. containers at all surgical supply stores.

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in 1940, the inventory was the first to be made of the nation's specially trained personnel. From it were selected 2,000 scientists for the Manhattan District Project. Of its 50,000 key placements, says USES, 10,000 were of professional men who were in the armed forces and not being utilized to their highest skills.

Major industries have already applied to the USES for large numbers of technicians, including research and engineering personnel, says Dr. George A. Works, its director. When the revision is completed, it will show changes in employment, recent professional writings, new patents and inventions and other data relative to the personal qualifications of scientific workers. The roster covers these fields: accounting, administration and management, agricultural and biological sciences, architecture, languages, social sciences, physical sciences, and engineering sciences.

**GOOSE-STEP.** Lay supporters of state medicine often rush in where more experienced socializers fear to tread, comments the California Medical Association. As an example of such enthusiasm, it cites the California Congress of Parents and Teachers—"one of the sincere, worth-while organizations that have succumbed to glib suggestions that compulsory health insurance is the panacea of all ills."

Conceding that the PTA must concern itself with the health of school children, and has demonstrated its fitness in meeting this responsibility, the CMA decries its jumping the gap between child health care and socialized medicine.

"Published statements do little to

# 37% Stronger for Coughs

Exempt Narcotic

Each fluid ounce contains (1) one grain Codeine Alkaloid

**M**ADE with the Codeine *Alkaloid* one grain to the ounce. It is readily verified that 1 grain of Codeine *Alkaloid* is equal in strength to 1.37 grains of the commonly used Codeine Phosphate.

A palatable, cherry-colored syrup, well tolerated by children. Contains with the codeine; ammonium chloride, ipecac, glycerine, sugar, water, flavoring and senna. An exempt narcotic. Costs little or no more than ordinary codeine syrups. Druggists stock for prescription use. *Prescribed since 1898.*

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If you will try it—just once—in the coughs of pertussis, bronchitis or asthma—you will continue to prescribe it and we shall be grateful.



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*New and unusually effective*

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# OTOMIDE

for topical chemotherapy in acute and chronic ear infections



The unique clinical advantages of this stable, non-irritating solution of sulfanilamide, urea and chlorobutanol may be briefly summarized as follows:

**POTENTIATED ANTIBACTERIAL ACTIVITY**—urea-sulfanilamide mixture more effective than either drug used independently.<sup>1</sup> Not inhibited by pus and tissue debris.

**BETTER TISSUE DIFFUSION**—urea-sulfanilamide mixture diffuses more actively through living and dead tissues.<sup>2</sup>

**TOLERANCE**—freedom from alkalinity virtually obviates local chemical irritation.

**ANALGESIA**—effective chlorobutanol analgesia without impaired sulfonamide activity.

**WIDE FIELD**—effective in BOTH acute AND chronic otologic infections. Active against certain sulfonamide-resistant bacteria.<sup>3</sup>

<b>FORMULA:</b>	Sulfanilamide.....	5%
	Carbamide (Urea).....	10%
	Chlorobutanol.....	3%
	Glycerin (high sp. gr.).....	q.s.

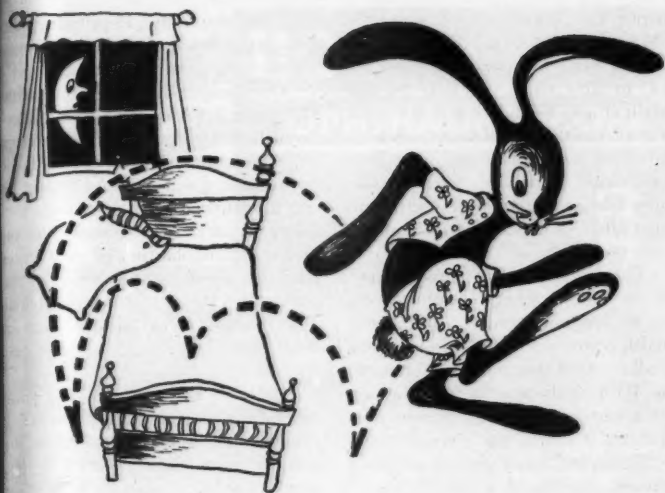
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2. McClintock, L. A. and Goodale, R. H.: U. S. Naval Med. Bull., 41:1057, 1943.

3. Strakosch, E. A. and Clark, W. G.: Minn. Med., 26:276, 1943. Brown, C. et al: Am. J. Surg., to be published.

Available in dropper bottles of one-half fluid ounce (15 cc.)—on prescription only.

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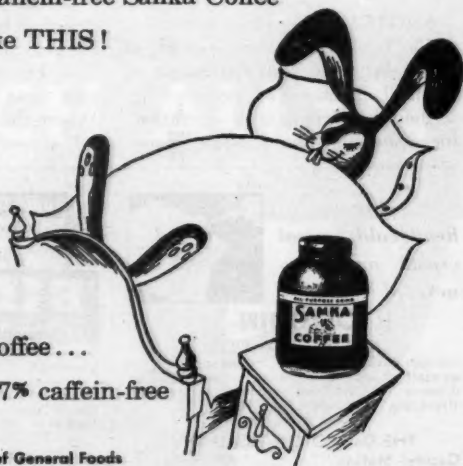


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dispel the uncertainty," says the CMA. "The PTA has declared that 'Unless parents are compelled by law to give their children regular medical and dental care, vast numbers of childhood ailments, such as defective sight, hearing, poor posture, low nutrition, bad tonsils, huge adenoids, defective teeth, and other ills will continue to haunt the path of childhood.'

"There's something stupendous," the association adds, "about the long list of ailments which compulsory health insurance is expected to cure or allay. As if that were not enough, the PTA adds a new note, which has some nice goose-stepping possibilities: *Compel* the patient to go to the doctor! Not even the most ingenious drafter of a health insurance bill has tried that idea in any scheme. At worst, he has stopped with the attempt to cajole, coerce, or bully medicine into providing regimented service and to tax wage-earners for the privilege of standing in line in front of doctors' offices."

**SHOTGUN.** Recalling the career of Dr. John R. Brinkley, goat gland "specialist," the National Board of Medical Examiners recently described his "compound operation" for disease of the prostate gland,

high bloodpressure, impotency, sterility, some types of diabetes, neurasthenia, and dementia praecox.

"Our board," it said, "on invitation from Brinkley through his attorneys, had the very novel experience of witnessing two of these fantastic operations. Each was done under local anesthesia, and consisted of a bilateral partial resection of the vas and the transplanting of goat testes into the aerolar tissue between the patient's testes and the epididymis. The wound was closed without drainage."

**GROUP PRACTICE.** A statement of sixteen principles for group practice has been approved by the coordinating council of the five county medical societies of New York City. It is as follows:

1. A medical group is defined as a number of licensed physicians engaged in the practice of medicine as a common organization, qualified to provide complete medical care at the home, office, or hospital.
2. All features of medical practice shall be under the control of the medical profession.
3. Physicians may devote full or part time to an approved group. Where there is only a small demand for a specialist's services, he may

For  
head colds, nasal  
crusts and dry-  
ness of the nose



**R. OLIODIN**  $\frac{3}{4}$   
(DeLeaton Nasal Oil)

Oliodin produces a mild hyperemia with an exudate of serum, loosening crusts, relieving dryness and soothing mucous membranes. Breathing improved.

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Pure Bile Salts, concentrated Pancreatic Duodenal Substance, Charcoal in Bidupan... improve biliary drainage, digestion, albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentative factors. Bottles of 50 and 100 tablets.

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WITH "WACO" LAMPS

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- ▶ SLIT APERTURE
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Since arthritis is primarily a systemic disorder characterized by joint manifestations—systemic detoxification justifiably ranks as a prime objective in most every arthritic's therapeutic regimen.

An ever increasing number of arthritic specialists and general practitioners have found that Occy-Crystine, the sulfur-bearing saline detoxicant-eliminant, provides a rational, efficacious and economical means of inducing:

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**— the sulfur-bearing  
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**FORMULA:** Occy-Crystine is a hypertonic solution of pH 8.4 made up of the following active ingredients: Sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

OCCY-CRYSTINE LABORATORY, Salisbury, Conn.

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Occy-Crystine. ME-26

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serve two or more approved groups.

4. Patients may obtain physicians' services either (a) through an insurance plan approved by the county medical society; or (b) by paying fees for service. In the latter case, fees shall not be less than workmen's compensation schedule fees.

5. No third party may come between physician and patient in their medical relations.

6. A patient shall be free to choose any group or individual practitioner.

7. Any method of rendering medical service must retain a permanent, confidential relationship between the patient and the family physician, either as an individual practitioner or as a member of a group.

8. Hospital services shall be controlled separately.

9. The chief executive officer in charge of administration of the medical policy of a group shall be a physician.

10. All groups shall emphasize preventive medicine.

11. Physicians shall treat only those patients whom they are qualified to treat by the standards of the county medical society.

12. Staff conferences shall be held at regular intervals.

13. There shall be no payment of commissions or fees for referrals.

14. Chapter II, Section 4, of the Principles of Medical Ethics of the American Medical Association, relating to solicitation, advertising, and publicity, must be adhered to.

15. Net income of the group shall be paid to physicians working in it, and not to any other organization or individual.

16. No interne or resident may be a participating member.





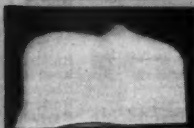
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Using improved Glatzel mirror, Bumgardner et al.\* measured quantitatively amount of air passing through nostrils by photographing moisture deposits from expired air on cold metal mirror. These are characteristic nasographs before and after use of Vonedrine Inhaler:

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2 minutes after 2 inhalations



15 minutes after 2 inhalations



## FREE FROM CENTRAL STIMULATION

The effective, prolonged vasoconstriction of Vonedrine Inhaler is accomplished without the wakefulness or "jitters" caused by stimulating drugs. Its gentle, gradual action causes no mucosal blanching, irritation or rebound turgescence. Low toxicity. May be used as often as needed to maintain nasal patency.

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### VONEDRINE SOLUTION

—for use as spray or drops.  
Available in one-ounce  
dropper bottles  
and pints.



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\*Laryngoscope 54:406-420 (1944)

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in the late 17th century paved the way for the tremendous forward strides made in science in the 19th and 20th centuries. So too, in the field of Surgery . . . the research work of SKLAR'S metallurgists paved the way for one of the great forward steps in surgical instrument making . . . the discovery of the proper alloy of stainless steel for use in manufacturing surgical instruments.

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**Tyrothricin 0.02% and 'Propadrine' Hydrochloride 1.50%**

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- 1 Common Cold**
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**Supplied in 1-ounce bottles with dropper assembly.**



*facts like these carry plenty of weight*

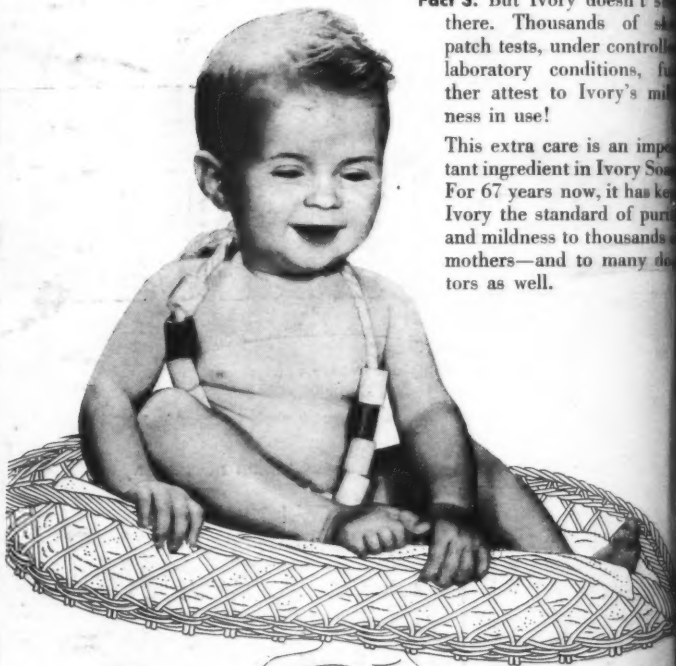
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